	State of Rhode Isla Office of the Secretary		Fee: \$20.00
	Division Of Business Se	ervices	
	148 W. River Stree		
1636	Providence RI 02904- (401) 222-3040	2615	
	(401) 222-3040		
Non-Profit Corporation Annual Report			
Filing Period: February 1 - May	1		
In accordance with R.I.G.L. 7-6 annual report within the time pro penalty fee of \$25.00.			
ANNUAL REPORT YEAR - ENT	ER THE CURRENT YEAR <b>202</b>	<b>5</b> : <u>2025</u>	
1. Corporate ID No. 00005	<u>6872</u>		
2. Name of Corporation Jame	stown Estates Homeowner's A	Association	
3. State of Incorporation			
State: <u>RI</u>			
	NAICS CODE		
primary type of activity in whic populate a NAICS Code based	AICS Code below, select the cla h your entity engages. The box on the chosen selection. If the sistance with selecting a classif	to the right of the NAICS Code is kn	dropdown will
NAICS Code			
NAICS Code <u>813920</u>			
,			
813920 4. Principal Office Address	WIND DRIVE		
813920 4. Principal Office Address	<u>WIND DRIVE</u> <u>OWN</u> State: <u>R</u>	RI Zip: <u>02835</u>	Country: <u>USA</u>
813920   4. Principal Office Address   No. and Street: 30 WEST   City or Town: JAMEST			
813920   4. Principal Office Address   No. and Street: 30 WEST   City or Town: JAMEST	OWN State: R		
813920   4. Principal Office Address   No. and Street: 30 WEST   City or Town: JAMEST   5. Brief Description of the Character	OWN State: R   aracter of the Affairs Conducte   FION		
813920   4. Principal Office Address   No. and Street: 30 WEST   City or Town: JAMEST   5. Brief Description of the Char   HOMEOWNERS ASSOCIA   6. Names and Addresses of the Char	OWN State: R   aracter of the Affairs Conducte   FION   ne Officers and Directors:   st be listed individually. The n	ed in Rhode Island	
813920   4. Principal Office Address   No. and Street: 30 WEST   City or Town: JAMEST   5. Brief Description of the Chain   HOMEOWNERS ASSOCIA   6. Names and Addresses of the All Directors and Officers mutation	OWN State: R   aracter of the Affairs Conducte   FION   ne Officers and Directors:   st be listed individually. The n	ed in Rhode Island	ORS of a Rhode

PRESIDENT	ROBERT POWERS	30 WESTWIND DRIVE JAMESTOWN, RI 02835 USA
TREASURER	DAVID REARDON	92 WESTWIND DRIVE JAMESTOWN, RI 02835 USA
SECRETARY	RENEE MCCOOEY	70 WESTWIND DRIVE JAMESTOWN, RI 02835 USA
VICE PRESIDENT	SHARON PURDIE	60 WESTWIND DRIVE JAMESTOWN, RI 02835 USA
DIRECTOR	ROBIN MAIN	30 WESTWIND DRIVE JAMESTOWN, RI 02835 USA
DIRECTOR	ROBERT POWERS	30 WESTWIND DRIVE JAMESTOWN, RI 02835 USA
DIRECTOR	TED SYBERTZ	60 WESTWIND DRIVE JAMESTOWN, RI 02835 USA

## 7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

ROBERT S. POWERS 30 WESTWIND DRIVE JAMESTOWN , RI 02835

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 6 Day of February, 2025 at 4:00:07 PM by the authorized person. This electronic

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

## By ROBERT POWERS

Signature of Authorized Person

Form No. 631 Revised 09/07

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