RI SOS Filing Number: 202566476110 Date: 2/24/2025 4:00:00 PM



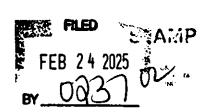
State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## Annual Report for the year: **Non-Profit Corporation**

-> Filing period: June 1 - June 30

→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by July 30.



1. Entity ID Number	2. Exact name of the Corporation				
001757729	HIGHLAND WOODS HOMEOWNER'S ASSOCIATION				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND	Organized for the welfare of homeowners; provide maintenance of the common areas and handle day-to-day operations.				
4. NAICS Code	1				
813910 - Business Association					
6. Principal Office Address			City	State	Zip
20 Oakdale Road			North Kingstown	RI	02852
7. List ALL officers (names and add	iresses)			Check the box to indi	cate an attachment 🗌
President Name Glenn M. Amore			Vice-President Name Scott S. Amore		
Street Address 139 Wilbert Way			Street Address 441 New London Avenue		
City North Kingstown	State RI	<sup>Zip</sup> 02852	City Warwick	State RI	Zip 02886
Secretary Name Glenn M. Amore			Treasurer Name Scott S. Amore		
Street Address 139 Wilbert Way			Street Address 441 New London Avenue		
City North Kingstown	State RI	<sup>Z<sub>ip</sub></sup> 02852	City Warwick	State RI	Zip 02886
8. List ALL directors (names and ad	ddresses). RI Corp	oorations MUST	list at least THREE directors.	Check the box to indi	icate an attachment
Director Name Glenn M. Amore			Director Name Scott S. Amore		
Street Address 139 Wilbert Way			Street Address 441 New London Avenue		
<sup>City</sup> North Kingstown	State RI	<sup>Zip</sup> 02852	City Warwick	State RI	Zip 02886
Director Name Glenti M. Amore			Director Name Scott S. Amore		
Street Address 139 Wilbert Way			Street Address		
<sup>City</sup> North Kingstown	State RI	<sup>Z<sub>1</sub>p</sup> 02852	City	State	Zıp
9. Registered Agent in Rhode Islan	d. This information	is currently of reco	rd in the Department of State. Chan	ges require filing Form (	541.
Under penalty of perjury, I declar statements, and that all stateme				ccompanying sched	fules and
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Represent.				presentative, Receiver or Tri	ust <del>oe</del> .
Name of Officer/Authorized Representative				Date	<del></del>
Glenn M. Amore				2-4-	-25
Signature of Officer/Authorized Rep	presentative	SIGN DOC	UMENT HERE	•	

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov