



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

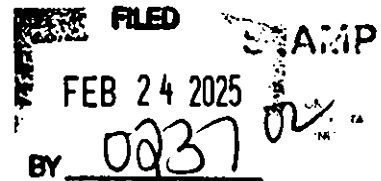
Annual Report for the year: **2025**

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 001757729		2. Exact name of the Corporation HIGHLAND WOODS HOMEOWNER'S ASSOCIATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island Organized for the welfare of homeowners; provide maintenance of the common areas and handle day-to-day operations.			
4. NAICS Code 813910 - Business Association					
6. Principal Office Address 20 Oakdale Road		City North Kingstown		State RI	Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate 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	Zip 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	Zip 02852	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Glenn M. Amore			Director Name Scott S. Amore		
Street Address 139 Wilbert Way			Street Address 441 New London Avenue		
City North Kingstown	State RI	Zip 02852	City Warwick	State RI	Zip 02886
Director Name Glenn M. Amore			Director Name Scott S. Amore		
Street Address 139 Wilbert Way			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Glenn M. Amore				Date 2-4-25	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT 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