State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED STAMP
FEB 24 2025
BY 0237

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	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	
813910 - Business Associatior	

6. Principal Office Address	City	State	Zip
20 Oakdale Road	North Kingstown	RI	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.

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

Name of Officer/Authorized Representative	Date
Glenn M. Amore	2-4-25

Signature of Officer/Authorized Representative: ✓ Glenn M. Amore — SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov