RI SOS Filing Number: 202571112290 Date: 4/22/2025 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

FILED

APR 22 2025

BY

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation			
0000 13712	Namcook Community Association Inc			
3. Principal Office Address		City	State	Zip
91 Main St Suite 118		Warren	RI	02885
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
81111	Home Owners Association			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
J. Terrene Murray					
Street Address			Street Address		
33 Peaked Rock Lane					
City	State	Zip	City	State	Zip
Nar	RI	02882			
Secretary Name			Treasurer Name		
Paula McNamara					
Street Address			Street Address		
91 Main St Suite 118					
City	State	Zip	City	State	Zip
Warren	RI	02885			

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	Common	1 OC

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Name of Authorized Representative	Date
Paula McNamara	4/16/25

Signature of Authorized Representative: Paula McN

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 2/2023