



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RHODE BSD
15 MAY 19 AM 10:26:13

1. Entity ID Number 000056773		2. Exact name of the Corporation Indigo Point Land Owners Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To manage and maintain road and common land area			
4. NAICS Code 813990					
6. Principal Office Address 221 Indigo Point Road			City Wakefield	State RI	Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name George Hill			Vice-President Name Anthony Conway		
Street Address 221 Indigo Point Road			Street Address 241A Indigo Point Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Ellen Truslow			Treasurer Name Lauren Rust		
Street Address 158B Indigo Point Road			Street Address 194 Indigo Point Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Christopher DelMastro			Director Name Thomas Goodkind		
Street Address 8 Indigo Point Road			Street Address 251 Indigo Point Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Bernard Forand			Director Name Thomas Cygan		
Street Address 204A Indigo Point Road			Street Address 110A Indigo Point Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
9. The Registered Agent information of record with the RI Department of State is accurate. 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 George Hill					Date 5/19/2025
Signature of Officer/Authorized Representative					

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

FILED 10:31

MAY 19 2025

By **GEORGE HILL**

FORM 631- Revised: 12/2023