RI SOS Filing Number: 202573246100 Date: 5/19/2025 10:30:00 AM

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2023 **Non-Profit Corporation**

REC'D RIDOS BSD	3	Art. A

→ Filing period: February 1 - May 1 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if	form is not filed by	May 31.		5 8SD .0:24:8		
1. Entity ID Number 000056773	2. Exact name of the Corporation Indigo Point Land Owners Association					
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 add	tresses)			x the box to indicate ar	attachment	
President Name George Hill			Vice-President Name Anthony Conway			
Street Address 221 Indigo Point Road			Street Address 241A Indigo Point Road			
^{Crty} 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 ad	dresses). RI Corp	porations MUST li		ck the box to indicate a	n attachment	
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 UZO19	
Director Name Bernand 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	n of record with th	e RI Department	of State is accurate. Changes re	quire filing Form 641		
Under penalty of perjury, I declar statements, and that all statemen				ompanying schedu	iles and	
This report must be signed by either the Pres	sident, Vice-President, S	Secretary, Assistant Se	cretary, Treasurer, duly Authorized Repre	sentative, Receiver or Trus	itee.	
Name of Officer/Authorized Repres	entative \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Date			
George Hill				5/19/2025		
Signature of Officer/Authorized Rep	resentative		,			

MAIL TO: **Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

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

