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State of Rhode Island
Department of State - Business Services Division

FILED
JUL 07 2025
BY 2905

Annual Report for the year: 2025
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.

1. Entity ID Number	2. Exact name of the Corporation
001754332	Highland Estates Homeowners' Association, Inc.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: To promote the health, safety and welfare of the residents of the Property. To provide for the maintenance and or repair of the Detention Basis, Road and Open Space.
4. NAICS Code: 813990	

6. Principal Office Address	City	State	Zip
20 Kylie Court	Burrillville	RI	02830

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

President Name: Tracy M. Leroux			Vice-President Name: Haley Newell		
Street Address: 35 Kylie Court			Street Address: 25 Kylie Court		
City: Burrillville	State: RI	Zip: 02830	City: Burrillville	State: RI	Zip: 02830
Secretary Name: Kevin Niederwimmer			Treasurer Name: Justin Jarret		
Street Address: 30 Kylie Court			Street Address: 20 Kylie Court		
City: Burrillville	State: RI	Zip: 02830	City: Burrillville	State: RI	Zip: 02830

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Tracy Leroux			Director Name: Haley Newell		
Street Address: 35 Kylie Court			Street Address: 25 Kylie Court		
City: Burrillville	State: RI	Zip: 02830	City: Burrillville	State: RI	Zip: 02830
Director Name: Justin Jarrett			Director Name: Kevin Niederwimmer		
Street Address: 20 Kylie Court			Street Address: 30 Kylie Court		
City: Burrillville	State: RI	Zip: 02830	City: Burrillville	State: RI	Zip: 02830

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.

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
George J. Lough, III Duly Authorized Representative of Company	**06/30/2025**

Signature of Officer/Authorized Representative
Gjr / Ltr, Dly Agent for Highland Estates Homeowners Association, Inc.

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 631- Revised. 12/2023