RI SOS Filing Number: 202579597800 Date: 10/9/2025 9:52:00 AM

State of Rhode Island
Department of State - Business Services Division

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

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BUS SVCS DIV
2025 OCT -9 A 9:51

1. Entity ID Number	2. Exact name of the Corporation
000102769	The Blackrock Homeowners' Association, Inc
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: we manage a 53 home planned urban development
4 NAICS Code: 813990	

6. Principal Office Address	City	State	Zip
5 South Pond Drive,	Coventry	RI	02886

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

President Name	Vice-President Name
Sean McGowan	George Oliviera
Street Address: 5 South Pond Drive	Street Address: 12 South Pond Drive
City: Coventry State: RI Zip: 02816	City: Coventry State: RI Zip: 02816
Secretary Name	**Treasurer Name**
Thomas Turner	Lee Perry
Street Address: 9 South Pond Drive	Street Address: 8 Evergreen CT
City: Coventry State: RI Zip: 02816	City: Coventry State: RI Zip: 02816

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

Director Name	Director Name
Sean McGowan	George Oliviera
Street Address: 5 South Pond Drive	Street Address: 12 South Pond Drive
City: Coventry State: RI Zip: 02816	City: Coventry State: RI Zip: 02816
Director Name	**Director Name**
Thomas Turner	Lee Perry
Street Address: 9 South Pond Drive	Street Address: 8 Evergreen CT
City: Coventry State: RI Zip: 02816	City: Coventry State: RI Zip: 02816

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

FILED

Name of Officer/Authorized Representative	Date
Sean McGowan	10/6/25

Signature of Officer/Authorized Representative: [signature] BY 5HR 67

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