



Department of State - Business Services Division

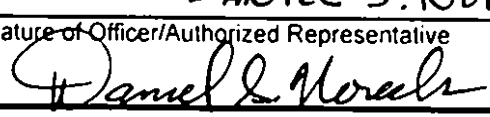
FILED

MAR 21 2022 WIP

BY 

Annual Report for the year: 2022
 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 69161		2. Exact name of the Corporation HIDDEN SHORES HOME OWNER'S ASSOCIATION, INC.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island improvement and management of land owned by the association			
4. NAIGS Code 812000					
6. Principal Office Address 627 Putnam Pike		City Greenville	State RI	Zip 02828	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Scott George		Vice-President Name Ronald Matthews			
Street Address 466 Chapel Street		Street Address 341 Camp Dixie road			
City Harrisville	State RI	Zip 02830	City Pascoag	State RI	Zip 02859
Secretary Name Elizabeth Vanner		Treasurer Name Daniel Noreck			
Street Address 18 Cushman		Street Address 22 Chilson Avenue			
City East Providence	State RI	Zip 02914	City Mansfield	State MA	Zip 02084 02048 ←
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Scott George		Director Name Elizabeth Vanner			
Street Address 466 Chapel Street		Street Address 18 Cushman Avenue			
City Harrisville	State RI	Zip 02830	City East Providence	State RI	Zip 02914
Director Name Ronald Matthews		Director Name Daniel Butler			
Street Address 99 Windsong Road		Street Address 15 Beverly Drive			
City Cumberland	State RI	Zip 02864	City Lincoln	State RI	Zip 02864
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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>					
<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 Scott George DANIEL S. NORECK - TREASURER				Date 20220313 ✓	
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