



State of Rhode Island  
Department of State - Business Services Division

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.

**FILED** STAMP

MAY 13 2022

40503

BY \_\_\_\_\_

1. Entity ID Number <b>001024159</b>		2. Exact name of the Corporation <b>Aquidneck Highlands Homeowners Association</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>The manafement and operation of a homeowners association in connection with a subdivision known as Aquidneck Highlands in Middletown RI</b>			
4. NAICS Code 813990 - Other Similar Organ <input type="checkbox"/>					
6. Principal Office Address <b>16 Julia Court</b>			City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Robert McAlpine</b>			Vice-President Name <b>Herber Velkenberg</b>		
Street Address <b>5 Julia Court</b>			Street Address <b>9 Julia Court</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
Secretary Name <b>Gregory Coe</b>			Treasurer Name		
Street Address <b>7 Julia Court</b>			Street Address		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Robert McAlpine</b>			Director Name <b>Herber Valkenberg</b>		
Street Address <b>5 Julia Court</b>			Street Address <b>9 Julia Court</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
Director Name <b>Gregory Coe</b>			Director Name		
Street Address <b>7 Julia Court</b>			Street Address		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>ROBERT P McALPINE</b>					Date <b>5/2/2022</b>
Signature of Officer/Authorized Representative <i>Robert P. McAlpine</i>					

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov