	State of Rhode	leland	Fee: \$20.00	
	Office of the Secret		Fee. \$20.00	
	Division Of Busines	ss Services		
	148 W. River S			
1426	Providence RI 029			
1030	(401) 222-30	)40		
Non-Profit Corporation Annual Report				
Filing Period: February 1 - May	1			
In accordance with R.I.G.L. 7-6 annual report within the time pr			;	
penalty fee of \$25.00.				
ANNUAL REPORT YEAR: 2023				
1. Corporate ID No. 001725796				
2. Name of Corporation Big River Estates Homeowners Association				
3. State of Incorporation				
State: <u>RI</u>				
ARTICLE III				
Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>				
NAICS Code				
<u>813910</u>				
4. Principal Office Address				
No. and Street: 1430 MAIN STREET				
	VARWICK State	: <u>RI</u> Zip: <u>02893</u>	Country: <u>USA</u>	
5. Brief Description of the Character of the Affairs Conducted in Rhode Island				
RUN AND MAINTAIN BIG RIVER ESTATES THROUGH A HOMEOWNERS				
ASSOCIATION				
6. Names and Addresses of the Officers and Directors:				
All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.				
Title	Individual Name	Ado	dress	
l '	1		'	

1	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
DIRECTOR	STEPHEN PADULA	1430 MAIN STREET WEST WARWICK, RI 02893 USA
DIRECTOR	STEPHEN P PADULA	1430 MAIN STREET COVENTRY, RI 02893 USA
DIRECTOR	JOHN S BRUNERO JR.	1070 MAIN STREET COVENTRY, RI 02816 USA

## 7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

THOMAS CRONIN 1070 MAIN STREET COVENTRY , RI 02816

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

**Signed this 24 Day of January, 2023 at 2:13:54 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.* 

## By THOMAS J. CRONIN, ESQ.

Signature of Authorized Person

Form No. 631 Revised 09/07

© 2007 - 2023 State of Rhode Island All Rights Reserved