RI SOS Filing Number: 202330291350 Date: 3/8/2023 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31,

FILED	
MAR-0-8, 2023	
ВУ	/

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Entity ID Number		Exact name of the Corporation							
001718002	Waterview Acres Homeowners Association, Inc.								
3. Principal Öffice Address			City		State	Zip			
8 Appleseed Drive			Greenville	<u> </u>	RI	02828			
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island							
813990	Homeow	Homeowners Association							
5. State of Incorporation									
Rhode Island									
7. List ALL officers (names a	and addresses)		 -	Check	he box to	indicate an attachment			
President Name Stephen E. Hopkins			Vice-President Name SAME						
Street Address 8 Appleseed Drive			Street Address		·				
^{City} Greenville	State RI	^{Z_{ip}} 02828	City		State	Zıp			
Secretary Name SAME	<u></u>		Treasurer Nami	Treasurer Name SAME					
Street Address			Street Address						
City	State	Zip	C ⁻ ty		State	Zıp			
8. List ALL directors (names	and addresses)	I	l	Check	the box to	indicate an attachment			
Director Name			Director Name						
Street Address		Street Address	Street Address						
City	State	Ζιρ	City		State	Zip			
·					Sidie				
Director Name			Director Name			-			
Street Address			Street Address	Street Address					
City	State	Zıp	City		State	Zip			
9. Shares Authorized		10. Shares Iss	ued	Check	the box to	indicate an attachment			
This information is currently of	of record in the	NUMBER OF			CLASS/SERIES PAR VALUE				
Department of State.		14		Common		\$0.01			
Changes require an additional filing.									
11. This report must be exec	cuted on behalf of the	corporation by an a	authorized represe	entative. If the corpo	ration is in	the hands of a receiver or			
trustee, this report must be a	executed on behalf o	f the corporation by:	the receiver or tru	istee.					
Under penalty of perjury, I statements, and that all st	i ueciare and aπirm atements contained	tnat i nave examini I herein are frue an	ea tnis report, in Id correct.	cluding any accom	panying:	scredules and			
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date				
Stephen E. Hopkins					2-8-23				
Signature of Authorized Rep	presentative)								
MAIL TO:	1101-1-1			 -					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov