



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

**Annual Report for the year: 2023**  
**Non-Profit Corporation**

APR 17 2023  
 BY 41332  
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- 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 001024159		2. Exact name of the Corporation Aquidneck Highlands Homeowners Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island The management and operation of a homeowners association in connection with a subdivision known as Aquidneck Highlands in Middletown, RI.			
4. NAICS Code 813990 - Other Similar Organ <input type="checkbox"/>					
6. Principal Office Address 16 Julia Court			City Middletown	State RI	Zip 02842
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Robert Mc Alpine			Vice-President Name Herber Valkenberg		
Street Address 5 Julia Court			Street Address 9 Julia Court		
City Middletown	State RI	Zip 02842	City Middletown	State RI 02842	Zip
Secretary Name Paul Roberts			Treasurer Name		
Street Address 1 Julia Court			Street Address		
City Middletown	State RI	Zip 02842	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 Robert McAlpine			Director Name Herber Valkenberg		
Street Address 5 Julia Court			Street Address 9 Julia Court		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Director Name Paul Roberts			Director Name		
Street Address 1 Julia Court			Street Address		
City Middletown	State RI	Zip 02842	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				Date	
				3/21/23	
Signature of Officer/Authorized Representative					

**MAIL TO:**  
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