



FILED

APR 19 2023

BY WJ

Annual Report for the year: 2023
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. NAICS Code 813990					
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 Paul Jacobson			
Street Address 466 Chapel Street		Street Address 16 Leonard Drive			
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
Secretary Name Elizabeth Vanner		Treasurer Name Jane Perry			
Street Address 18 Cushman		Street Address 121 Connection Street			
City East Providence	State RI	Zip 02914	City Newport	State RI	Zip 02840
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 Jane Perry		Director Name Daniel Butler			
Street Address 121 Connection Street		Street Address 15 Beverly Drive			
City Newport	State RI	Zip 02840	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.					
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>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				Date 4/14/23	
Signature of Officer/Authorized Representative <i>Scott L. George</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

Annual Report for the year: 2023 - continuation

HIDDEN SHORES HOME OWNER'S ASSOCIATION, INC.

8. List all directors - continuation

Name and Address:

Paul Jacobson
16 Leonard Drive
Harrisville, RI 02830

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