



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

**FILED**

FEB 08 2024

**Annual Report for the year: 2024**

**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 <b>000143496</b>		2. Exact name of the Corporation <b>Highland Meadow Home Owners Association</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>non profit homeowners association</b>			
4. NAICS Code <b>813910</b>					
6. Principal Office Address <b>4 Meadow Lane</b>			City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</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>Angelo Bianco</b>			Vice-President Name <b>None</b>		
Street Address <b>6 Meadow Lane</b>			Street Address		
City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>	City	State	Zip
Secretary Name <b>Idanna Smith</b>			Treasurer Name <b>Idanna Smith</b>		
Street Address <b>4 Meadow Lane</b>			Street Address <b>4 Meadow Lane</b>		
City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>	City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>
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>Amy Joyce</b>			Director Name <b>Mary Gregory</b>		
Street Address <b>7 Meadow Lane</b>			Street Address <b>1 Meadow Lane</b>		
City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>	City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>
Director Name <b>Idanna Smith</b>			Director Name		
Street Address <b>4 Meadow Lane</b>			Street Address		
City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</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>Idanna Smith</b>					Date <b>2/4/24</b>
Signature of Officer/Authorized Representative <i>Idanna Smith</i>					

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