



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

FILED
APR 25 2024
BY *[Signature]*

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 000026895		2. Exact name of the Corporation Estelle Heights Improvement Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Property owners association			
4. NAICS Code 813990					
6. Principal Office Address 110 Hundred Acre Pond Rd			City West Kingston	State RI	Zip 02892
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Barry Foster			Vice-President Name Stephen Norris		
Street Address 189 Estelle Drive			Street Address 91 Estelle Drive		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
Secretary Name Karen Markin			Treasurer Name Sara Delmonico		
Street Address 128 Hundred Acre Pond Rd			Street Address 110 Hundred Acre Pond Rd		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Frank Marzano			Director Name Jeffrey Hanson		
Street Address 158 Estelle Drive			Street Address 84 Estelle Drive		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
Director Name Amanda Chirlin			Director Name Brenda Norris		
Street Address 55 Estelle Drive			Street Address 91 Estelle Drive		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
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 Sara Delmonico				Date 4/22/24	
Signature of Officer/Authorized Representative <i>[Signature]</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