



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Non-Profit Corporation

MAY 03 2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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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 <i>Also a Director SG</i>		
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 Avenue			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 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 02854
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Scott George					Date 2/27/24
Signature of Officer/Authorized Representative <i>Scott J. George, President</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: 2024 - continuation

HIDDEN SHORES HOME OWNER'S ASSOCIATION, INC.

8. List all directors - continuation

Name and Address:

Paul Jacobson
16 Leonard Drive
Harrisville, RI 02830