



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2011**

Filing Period: June 1 - June 30 · This report must be typed or printed legibly.

Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 486836		2. Exact name of the Corporation Alpine East Homeowners Association, Inc.			
3. State of Incorporation Rhode Island		4. Corporate Address in RI - Street Address 1150 New London Avenue		City Cranston	Zip 02920
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Frank Paolino			Vice-President Name Diane L. Torkomian		
Street Address 1150 New London Avenue			Street Address 1150 New London Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Diane L. Torkomian			Treasurer Name Frank Paolino		
Street Address 1150 New London Avenue			Street Address 1150 New London Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Frank Paolino			Director Name Diane L. Torkomian		
Street Address 1150 New London Avenue			Street Address 1150 New London Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name Joseph F. Lachut			Director Name		
Street Address 1193 Reservoir Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY

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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.

Frank Paolino **04/11/2012**
 Signature of Officer Date

Frank Paolino
 Print or Type Name of Officer

President
 Title of Officer