NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

I. Corporate ID No. 111264	2. Name of Corporat	tion	port within the time prescribed by law (R.I. TY OWNERS ASSOCIATION, 1		enalty fee of \$25.00.
3. State of Incorporation	4. Corporate addres.	s in Rhode Island -Street Ac	ddress	City	Zip
RHODE ISLAND	2 WILLIAMS ST.			PROVIDENCE	02903-
5. Foreign corporation: Enter pr	rincipal office address		City	State	Zip
6. Brief Description of the charact TO OPERATE AND MANAGE TOWN OF LINCOLN.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	Rhode Island ENTIAL SUBDIVISION LOCAT	ED UPON LANDS L	OCATED IN THE
7. NAMES AND ADDRESS President Name Kristine M. Teto	SES OF THE OFFIC	CERS ("X" BOX FOR A	ICHMENT) TEILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name N/A		
Street Address			Street Address		4
5 Drummond Avenue	カピ				201
Citv	State	Zip	City	State	Zip Pr
Lincoln	RI	02865			
Secretary Name Richard Teto			<i>Treasurer Name</i> Kristine M. Teto		
Street Address			Street Address		To C
83 Kimball Beach R	$\stackrel{load}{\longrightarrow} \mathcal{V} $	um mond dr	5 Drummond Avenue	DΚ	5 k 8
City	State A .	Zip	City	State	ऴ Zip <u> </u>
Hingham / IN CON	-MA /<	<u>نا2043</u> (2.66	Lincoln	RI	02865
8. NAMES AND ADDRESS	SES OF THE DIRE	CTORS ("X" BOX FOR	ATTACHMENT) T FILL IN SPACE	CES BEFORE USING A	TTACHMENTS
	IRECTORS OF A DO	MESTIC (KHUDE ISLA	ND) CORPORATION SHALL NOT	<u>DE LESS TRANTIRKE</u>	E (3).K.t.G.L 7-0-23
Director Name			<i>Director Name</i> William Brown		
Kristine M. Teto			Street Address		
Street Address			83-Kimball Beach i	COMEN	Mond Dr
5 Drummond Avenue	Contra	7:	C**.	State	Zin
City Lincoln	State RI	<i>Zip</i> 02865	Hingham / 14/01/	1 HA CI	اکا کان <u>2043</u> 0 کا
Director Name	1/1	02003	Director Name	(/)	
Richard Teto			N/A		
Street Address		,	Street Address		
83 Kimball Beach F	Road GDV	ummand Dr	_		
City	State	Zip	City	State	Zip
	200 () 2	02043 ©56'	<u></u>		
Hingham Linush	7725 PC (010 13 0 -0 0			
	•	•	anges require filing of Fo	rm 641 -R.I.G.L 7-6-1	13 / 7-6-78
9. REGISTERED AGENT I Agent Name	•	•	anges require filing of Fo	rm 641 -R.I.GL 7-6-	13 / 7-6-78
9. REGISTERED AGENT	•	•	anges require filing of Fo	rm 641 -R.I.GL 7-6-1	13 / 7-6-78
9. REGISTERED AGENT I Agent Name Scott A. Ritch, Esq.	•	•	anges require filing of Fo Address		
9. REGISTERED AGENT I Agent Name Scott A. Ritch, Esq. Address 2 Williams Street	IN RHODE ISLAN	D <i>-DO NOT ALTER</i> - Ch	anges require filing of Fo Address City	<i>Zip</i> 029 0	3
9. REGISTERED AGENT I Agent Name Scott A. Ritch, Esq. Address 2 Williams Street This report must be signe	IN RHODE ISLAN	D <i>-DO NOT ALTER</i> - Ch	anges require filing of Fo Address City Providence	<i>Zip</i> 029 0	3

111264 DNP 06/13/07.03:36:05 PM

File Date

SEP 1 1 2007

Check No.

By 3445 8:3

FOR SECRETARY OF STATE USE ONLY

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.

Signalitye of Officer Date Date

Kristine M. Teto

Print or Type Name of Officer

President

Form 631 Rev. 12/0