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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: June 1 - June 30 • Filing Fee: $20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

**** In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation		
130175	AI Homeowners Association Inc.		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RI	155 South MAIN St.	Providence	02903
5. **Foreign corporation.** Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
PAUL Nedovich	JOAN Nedovich
Street Address: 7 South Cove La	Street Address: 7 South Cove La
City: Essex State: CT Zip: 06426	City: Essex State: CT Zip: 06426
Secretary Name: Kimberly Afonso	Treasurer Name: Paul Nedovich
Street Address: 3 Barberry La	Street Address: 7 South Cove La
City: Moodus State: CT Zip: 06460	City: Essex State: CT Zip: 06426

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name	Director Name
Paul Nedovich	JOAN Nedovich
Street Address: 7 South Cove La	Street Address: 7 South Cove La
City: Essex State: CT Zip: 06426	City: Essex State: CT Zip: 06426
Director Name: Kimberly Afonso	Director Name:
Street Address: 3 Barberry La	Street Address:
City: Moodus State: CT Zip: 06460	City: State: Zip:

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name	Address
Barry Kusintz	155 South MAIN St
Address	City: Providence Zip: 02903

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

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.

1-15-08
Signature of Officer *Date*

PAUL Nedovich
Print or Type Name of Officer

President
Title of Officer

File Date	FILED
Check No.	FEB 07 2008
By:	By 2392

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19106-5-227786

Form 631 Rev. 12/06

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