

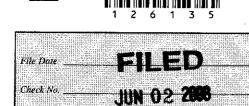
A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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	4				
1. Corporate ID No.	2. Name of Corporation				
126135	CARDINA	L BROOK FARM HOMEO	WNERS' ASSOCIATION,	INC.	
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address			City	Zip
RHODE ISLAND	TWO ELM	STREET (P.O. Box 414	4)	WESTERLY	02891-0414
5. Foreign corporation. Ent			City	State	Zip
					1
6. Brief Description of the char	racter of the affairs whi	ich are actually conducted in Rhoa	le Island	<u> </u>	<u> </u>
TO SATISFY MUNICIF	PAL REQUIREME	NTS FOR THE MAINTEN	ANCE OF A RESIDENTIA	L COMPOUND ROAD	
	SSES OF THE OF	FICERS: ("X" BOX FOR ATT.	ACHMENT) 🔲 FILL IN SP/	ICES BEFORE USING ATTA	CHMENTS
President Name			Vice President Name		
RICHARD A. GREENE			CAROL A. GREENE		
Street Address		_	Street Address		
12 RICHMOND TOWNHOUSE ROAD			12 RICHMOND TOWNHOUSE ROAD		
City	State	Zψ	City	State	Ζip
WYOMING	RI	02898	WYOMING	RI	02898
Secretary Name			Treasurer Name RICHARD A. GREENE		
CAROL A. GREENE					
Street Address			Street Address		
12 RICHMOND TOWNHOUSE ROAD			12 RICHMOND TOWNHOUSE ROAD		
City	State	Zip	City	State	Zip
WYOMING	IRI	02898	WYOMING	RI	02898
				AGES BEFORE USING ATTA	
	ECTORS OF A DO	MESTIC (RHODE ISLANI		NOT BE LESS THAN THE	EE (3). R.L.G.L. 7-6-23
Director Name			Director Name		
RICHARD A. GREENE			CAROL A. GREENE		
Street Address			Street Address		
AS ABOVE			AS ABOVE		
City	State	Zip	City	State	Zıp
Director Name			Director Name		
TODD B. GREENE					
Street Address			Street Address		
12B CARDINAL LAN					
City NACCO MINIO	State	Zip	City	State	Zip
WYOMING	RI	02898		DESCRIBERA DE LA CONTRACTOR DE LA CONTRA	
	IN KHODE ISLAI	ND - DU NOT ALTER - CE:		om 641 P.F.CH 7/6127	
Ageru Name CHARLES SOLOVEITZIK			Address D.O. DOV 444		
	IZIN		P.O. BOX 414		
Address			City	Zip	
TWO ELM STREET			WESTERLY	02891	
This report m	nist he signed by a	either the President Vice Pr	acidant Caprotory Assistan	ot Cooratary, Transporter Base	T



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.

RICHARD A. GREENE

Print or Type Name of Officer

President

Title of Officer

Form 631 Rev. 12/06