

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 401 222.3

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 to a penalty fee of \$25.00.

1. Corporate ID No. 92336 VILLAGE AT NOOSENECK HILL TENANTS ASSOCIATION						
3. State of Incorporation	4. Corporate address in Ri	oode Island - Street Address		City	Į ip	
RHOBE ISLAWI)	36 GREE	NWICH WES	5T	W. GREENWIC	02817	
5. Foreign corporation. Enter princ			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			
ARTHUR F. CHAPMAN			DOT RICE			
Street Address GREENWICH W. PACK			Street Address 11 GREENWICH W. PARK			
W. GREENWICH	State	zip 02817	W. GREEN WICH	State RT	Zip D J 817	
Secretary Name SUSAN ARCHIBALD			Treasurer Name WOKMA CHAPMAN			
Street Address 4 GREENWICH W. PARK			Street Address REENWICH W PARK City State RI 03817			
Cttγ	State	Zip	City C: O = 1/1 1/2/1	State	Zip	
W. GREENWICH	KI	02817	W. 6 REENWICH		03817	
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			
ACTHUR F. CHAPMAN			SUSAN ARCHIBALD			
36 GREENWICH WE PARK			Street Address 4 GREENWICH W. PARK			
W. GREEN WICH	State RT	02817	W. GREENWICH	State RI	2ip 02817	
NORMA CHAPMAN			Director Name DOT RICE			
Street Address 36 GREENWICH W. PARK City W. GREENWICH RT 0>817			Street Address II GREENWICH W. PARK			
CILY W. GREENWICH	State RI	2ip 0>817	W. GREENWICH	State RT	2ip 02817	
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			
SUSAN ARC	HIBALD					
Address 36 GREENWIC	CH WEST 1	PARK	WEST GREENA	ICH Zip	2817	
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
File Date FILED	statements contained herein are true and correct. Aussau Orlhibald 6/1/08
Check NoJUN_0.3_2008	Signature of Officer Date 54.54N ARCHIBALD
By: ByO8-902878 73	Print or Type Name of Officer SECRETARY
FOR SECRETARY OF STATE USE ONLY	Tule of Officer Form 631 Rev. 12/06