



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 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.

1. Corporate ID No. 130175		2. Name of Corporation AI Homeowners Association, Inc.			
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address PO Box 1120		City Westerly	Zip 02891
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 Manager, Administer the Homeowners association					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul Nedovich			Vice President Name		
Street Address 7 South Cove Lane			Street Address		
City Essex	State CT	Zip 06476	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 Paul Nedovich			Director Name Kimberly Afonso		
Street Address 7 South Cove Lane			Street Address 3 Barberry Lane		
City Essex	State CT	Zip 06476	City Moodus	State CT	Zip 06460
Director Name Joan Nedovich			Director Name		
Street Address 7 South Cove Lane			Street Address		
City Essex	State CT	Zip 06476	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 Barry Kusinitz			Address		
Address 155 South Main Street, Suite 405			City Providence, RI	Zip 02903	

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



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FILED

File Date JUN 20 2008

Check No. BY 1556

By:

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.

Signature of Officer

Paul Nedovich
Print or Type Name of Officer

President
Title of Officer

Date

6-11-08