

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

2008

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.

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1. Corporate ID No.		id Estates	Homeowners	AssociATION,	INC.			
3. State of Incorporation RP		tbode Island - Street Address ,	DA	UST SUHOT	^{Zip} 029/9			
5. Foreign corporation. Enter principal office address			City	State	Zip			
6. Brief Description of the character of	, , , , , , , , , , , , , , , , , , , ,							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS								
President Name FRANK LOM	3000		Vice President Name ROBBAT RUBUSSINI					
Street Address 68 Rolling	VINT DUN		Street Address Rollingwood PNVE					
NOTE ON HOLD	State RT	202919	was whot	sune RZ	2919			
Secretary Name			Tregage Name KICHOOO RISHBAW					
Street Address			Street Address Rollintwoon Drive					
City	State	Zip	JOHN STON	State RZ	2402919			
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								
	ORS OF A DOMESTIC	C (RHODE ISLAND) C		E LESS THAN THREE	(3), K.1.G.L. /-0-23			
PRONK LOMB	an Do		ROBBAT RUBUSSINI					
68 ROLINGWOOD DAIVE			28 Rollinguos Prive					
worsonflot	State RCZ	^{zip} 02919	いっていいろんし	State Z	82919			
Diregor Name KICHONO R	BHPAW		Director Name					
Street Address ROLLINGWOOD DAIVE			Street Address					
CONTO HOUSE	State RP	2002919	City	State	Ζip			
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 RICHARO FL			Address					
39 Rollingwood Deve			JOHNSTON	Zip () 2 (1/9			
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		stadiments contained he en aft true and correct.	8/11/08	
- Check No	AUG 2 8 2008	_	Signature of Officer RICHMOD E. FISHRAW	Date	
Ву:	By3738 E3	719	Print or Type Name of Officer MADUMEN		
	FOR SECRETARY OF STATE USE ONLY		Title of Officer		