

5 Foreign corporation. Enter principal office address

2. Name of Corporation

1. Corporate address in Rhode Island - Street Address

1. Corporate ID No.

106915

3. State of Incorporation 2/

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street
Providence, RI 02904-2615
401 222 22

Zib

0287

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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.

City

RIDES CRISSING HOMEOWNERS ASSOC.

	rre actually conducted in Rhode Isla		ļ
GROVADS MAINTE	WANCE OF CO	mmon areas, LABIC	ing
7. NAMES AND ADDRESSES OF THE OFFIC	CERS: ("X" BOX FOR ATTACH	MENT) [] FILL IN SPACES BEFORE USING AT	TACHMENTS
President Name CHNUSTINE DYCL		Vice President Name	
Street Address 81 PUDBS CROSSING LN		ROGER DUCGY Street Address 14 ANTEROPE CIR	
Secretary Name CRUN BENEVIDES		Treasurer Name LAVRA WESELY	
Street Address 5/ ANTEUNE CIL		Street Address ANTELOPE CUL	
SAUNDERS TONIA	Zφ 02674	SAUNDERS POWN State R/	Zip 02874
8. NAMES AND ADDRESSES OF THE DIREC	CTORS: ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES BEFORE USING AT	
	ESTIC (RHODE ISLAND) (CORPORATION <u>SHALL NOT BE LESS THAN TH</u>	IREE (3). R.I.G.L. 7-6-23
Director Name CHTUSTINE DYEX		Director Name POSER DUCEY	
Street Address SAA-		Street Address SAA	
SAVNDONS TOWN RI	82874	SAUNDENSTOWN X/	Zip 02874
Director Name LANCA WESEVY		Director Name EXW BENEVIDES	
Street Address SAA		Street Address SAA	
State ADNOCKSTOWN P. 9. REGISTERED AGENT IN RHODE ISLAND	210 02874	SAUNDONS TONW State 21	2402874
This information is currently of record in the O	Office of the Secretary of State	e. Changes require filing of Form 641 - R.I.G.L. 7-6	-13/7-6-78
This report must be signed by eit	her the President, Vice Pres	ident, Secretary, Assistant Secretary, Treasurer, F	Receiver or Trustee
This report must be signed by eit	her the President, Vice Pres	ident, Secretary, Assistant Secretary, Treasurer, F	Receiver or Trustee
This report must be signed by eit		ident, Secretary, Assistant Secretary, Treasurer, F	8 /
This report must be signed by eit	FILED	Under penalty of perjury, I declare and affi report, including any accompanying schedul	rm that I have examined this es and statements, and that all
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	FILED 0CT. 27 2008	Under penalty of perjury, I declare and affireport, including any accompanying schedul statements contained herein are true and con Signature of Office	rm that I have examined this es and statements, and that all rect.
File DateCheck NoBy:	FILED 0CT. 27 2008	Under penalty of perjury, I declare and affi report, including any accompanying schedul statements contained herein age true and con	rm that I have examined this es and statements, and that all rect.
File DateCheck No	FILED 0CT. 27 2008	Under penalty of perjury, I declare and affireport, including any accompanying schedul statements contained herein age true and consideration of Officer LAULA T. WESELY Print or Type Name of Officer	rm that I have examined this es and statements, and that all rect.