

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 2009

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 horally fee of \$25.60

to a penalty fee of \$25.00.							
1. Corporate ID No.							
88102	MOCKINGBIRD ESTATES HOMEOWNER'S ASSOCIATION, INC.						
3. State of incorporation	4. Corporate address in Rhode Island - Street Address			City Browidence	'		
Rhode Island	c/o Moses & Afonso, Ltd., 160 Westminster St., Ste 400			Providence	02903		
5. Foreign corporation. Enter princ	ipal office address		City	State	Zip		
					<u> </u>		
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island							
MANAGEMENT OF RESIDENTIAL SUBDIVISION COMMON LAND.							
- MANUEL AND ADDRESSES	OF THE OFFICERS	· ("Y" ROX FOR ATTACH	MENT) FILL IN SPACES B	EFORE USING AT	TACHMENTS		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHE			Vice President Name				
President Name			Mary Anne Clarke				
Lisa Goulet Street Address			Street Address				
73 Mockingbird Drive			76 Mockingbird Drive				
City	State	Zip	City	State	Z^{ip}		
North Kingstown	RI	02852	North Kingstown	RI	02852		
Secretary Name			Treasurer Name				
Christine Mohan			Christine Mohan				
Street Address			Street Address				
63 Mockingbird Drive			63 Mockingbird Drive				
CYD,	State	Zip	Gily	State	Zip		
North Kingstown	RI	02852	North Kingstown	RI	02852		
8. NAMES AND ADDRESSES	OF THE DIRECTO	RS: ("X" BOX FOR ATTAC	CHMENT) TILL IN SPACES I	BEFORE USING A	TTACHMENTS		
THE NUMBER OF DIRECTO	ORS OF A DOMESTA	IC (RHODE ISLAND) (CORPORATION SHALL NOT	<u>BE LESS THAN T</u>	<u>HREE</u> (3). R.I.G.L. 7-6-23		
Director Name			Director Name				
Lisa Goulet			Mary Anne Clarke				
Street Address			Street Address				
73 Mockingbird Drive			76 Mockingbird Drive				
Cith.	State	Zip	СПу	State	Zip		
North Kingstown	RI	02852	North Kingstown	RI	02852		
Director Name			Director Name				
Christine Mohan							
Street Address			Street Address				
64 Mockingbird Drive				T	70.		
City	State	Zip	City	State	ZΨ		
North Kingstown	RI	02852	i	 	-13 / 7-6-78		
	RHODE ISLAND - I	OO NOT ALTER - Chan	ges require filing of Form (PTI - M.I.U.L. /-0	"IJ "U" U		
Agent Name			Address 160 Westminster Street, Suite 400				
Kelley Nickson Morris, Esquire							
Address			City		23p		
Moses & Afonso, Ltd.			Providence 02903		2903		
This report must	be signed by either	the President, Vice Pres	sident, Secretary, Assistant Sec	eretary, Treasurer,	Receiver or Trustee		

_	ILED
File Date JU Check No.	N 03 2009
ByBy.	7700
FOR S	ECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm the report, including any accompanying schedules and	at I have examined this statements, and that all
statements contained herein are true and correct.	5/25/09
Signature of Officer	Dak
Lisa J. Goulet	
Print or Type Name of Officer	
President	
Title of Officer	Form 631 Rev. 12/06