

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 penalty fee of \$25.00.

perimity jee of #25.00.					
1. Corporate ID No.	2 Name of Corpo	ration			
26244	LAND-N-SE	A COMPOUND II PROPE	RTY OWNERS ASSOCIATION	NC	
3. State of Incorporation	4. Corporate add	ress in Rhode Island - Street Addi	ress	City:	Zip
RHODE ISLAND	133 Old Tov	wer Hill Road, Suite 1		Wakefield	02879
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the charact	ter of the affairs which	are actually conducted in Rhodo	? Island		
Property Owners Associa	ition				
7. NAMES AND ADDRESS	SES OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT) [FILL IN SPACES	S BEFORE USING ATT	ACHMENTS
President Name Marjory Noon			Vice President Name		
sired Address 1 Land-N-Sea Drive			Street Address		
City .	State	Zip	City	State	Zip
Wakefield	RI	02879			
Secretary Name	•		Treasurer Name		
Ed Blumstei	n		Gayle Denelle		
Street Address 119 Rawson Road			Strong Address And N-Sea Drive		
Brookline	State MA	zφ 02445	Wakefield	State RI	02879
			TACHMENT) TILL IN SPACE		
THE NUMBER OF DIREC	CTORS OF A DOM	MESTIC (RHODE ISLANI	O) CORPORATION SHALL NO	OT BE LESS THAN TH	<u>REE</u> (3). R.I.G.L. 7-6-2;
Director Name			Director Name		
Maura McGill			Ed Blumstein		
Street Address			Street Address		
89 Land-N-S			119 Rawson		T:
City	State	Zip	City	State	Zip
Wakefield	RI	02879	Brookline	MA	02445
Director Name Gayle Denel	le		Director Name		
Street Address 84 Land-N-Sea Drive			Street Address		
City	State	Zip	City	State	Zip
Wakefield 9. registered agent i	RI IN RHODE ISLAN	02879 D	1		
This information is current	ly of record in the	Office of the Secretary of S	State. Changes require filing of I	Form 641 - R.I.G.L. 7-6	-13/7-6-78
This report m	ust be signed by	either the President, Vice I	President, Secretary, Assistant	Secretary, Treasurer, R	eceiver or Trustee

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File Date	FILED
Check No.	JUN 17 2003
Ву:	By 13041
FOR	SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I report, including any accompanying schedules and sta	
statements contained her fin are true and correct.	6.11.09
GAYLE J. DENELLE	Date
Print or Type Name of Officer (U - TREASURER	

Title of Officer