

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 2010

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.

penany jee of \$25.00.							
1. Corporate ID No.	2. Name of Corporation						
26244	LAND-N-SEA COMPOUND II PROPERTY OWNERS ASSOCIATION						
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address			СПу	Zip		
RHODE ISLAND	133 OLD T	OWER HILL ROAD,	STE. 1	WAKEFIELD	02879		
5. Foreign corporation. Enter principal office address			C'Hy:	State	Zip		
6 Brief Description of the charac	ter of the affairs whic	th are actually conducted in RI	oode Island				
PROPERTY OWNERS A	SSOCIATION						
7. NAMES AND ADDRESS	SES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) 🔲 FILL IN SPA	CES BEFORE USING ATTA	CHMENTS		
President Name			Vice President Name	Vice President Name			
MARJORY NOON			Į.				
Street Address			Street Address				
1 LAND-N-SEA DRIVE							
City	State	Zif	СИУ	State	Zip		
WAKEFIELD	RI	02879					
Secretary Name	·			Treasurer Name			
ED BLUMSTEIN			GAYLE DENELLE				
Street Address			Street Address				
119 RAWSON ROAD				84 LAND-N-SEA DRIVE			
City	State	Ζip	City	State	Zip		
BROOKLINE	MA	02445	WAKEFIELD	RI	02879		
			ATTACHMENT) TILL IN SPA				
i	CTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION <u>SHALL</u>	NOT BE LESS THAN THRE	EE (3). R.I.G.L. 7-6-23		
Director Name			Director Name				
MAURA MCGILL			ED BLUMSTEIN				
Street Address			Street Address				
89 LAND-N-SEA DRIVE			119 RAWSON ROAD				
City	State	Zip	City	State	Zφ		
WAKEFIELD	RI	02879	BROOKLINE	MA	02445		
Director Name GAYLE DENELLE			Director Name				
Street Address			Street Address				
84 LAND-N-SEA DRIV	Έ						
City	State	Zip	City	State	Zip		
WAKEFIELD	RI	02879					
9. REGISTERED AGENT I	•	•		•	•		
ment to the second		OSC CALC	CO	CD	17 / 70		
This information is current	ly of record in th	e Office of the Secretary of	of State. Changes require filing of	or Form 641 - R.I.G.L. 7-6-13	5/ /-0- /8		
This report m	ust be signed by	either the President, Vic	e President, Secretary, Assista	int Secretary, Treasurer, Rec	eiver or Trustee		

File Date FILED	
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Check No MAY 1 4 2010	
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By //8/5/57	
FOR SECRETARY OF STATE USE ONLY	

26244

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Under penalty of perjury, I declare and affirm that report, including any accompanying schedules and statements contained herein are true and correct.	
and I Done lle	5.11.10
Signality of Officer () GATLE J DENEUE	Date
Print or Type Name of Officer	
CO-TREASURER	
Title of Officer	Form 631 Rev. 09/17