

Street Address

140 Village Hill Lane

North Kingstown

State

RI

9. REGISTERED AGENT IN RHODE ISLAND

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street

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. I. Corporate ID No. 2. Name of Corporation 76470 Shady Lea Woods Homeowners Association, INC 3. State of Incorporation 4. Corporate address in Rhode Island - Street Address RI 123 Country Hill Ln North Kingstown 02852 5. Foreign corporation. Enter principal office address City State Zip 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Homeowners Association group 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Lee Jeans Charles Haberle Street Address Street Address 135 Country Hill Lane 52 Country Hill Lane City State Zíp City State RI North Kingstown 02852 North Kingstown RI 02852 Secretary Name Treasurer Name Patricia Joyce **Matthew Bourgeois** Street Address Street Address 140 Village Hill Lane 123 Country Hill Lane State Zip City State Zip North Kingstown İRI 02852 North Kingstown RI 02852 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 Director Name Lee Jeans Charles Haberle Street Address Street Address 135 Country Hill Lane 52 Country Hill Lane State Zip State City North Kingstown RI 02852 RI 02852 North Kingstown Director Name Patricia Joyce Matthew Bourgeois

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

City

Street Address

123 Country Hill Lane

North Kingstown

76470 FILED	Under penalty report, includin
File Date	statements con <u>Www.</u> Signature of Offi
Check No. By	Math Print or Type No
FOR SECRETARY OF STATE USE ONLY	Title of Officer

Zib

02852

Under penalty of perjury, I declare and affirm that I have	ve examined this
report, including any accompanying schedules and statem	ents, and that all
statements contained herein are true and correct	_
Walt Il Baccon	5/28/10
Signature of Officer	Date
Matthew W. Bourgeois	
Print or Type Name of Officer	-
Treasurer	
Title of Officer	

State

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