

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

401.222.3040

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. | | , , , , | - g , -g | prostribed by man (1011.G.L. | 7-0-71) is subject in i | |
|--|---------------------------------|---|----------------------------------|----------------------------------|-------------------------|--|
| 1. Corporate ID No. | 2. Name of Corporation | | | | | |
| 26684 | Arnolda Improvement Corporation | | | | | |
| 3. State of Incorporation | | 4. Corporate address in Rhode Island - Street Address | | | Zip | |
| RI | P.O.Box 1002 | | | Charlestown | 02813 | |
| 5. Foreign corporation. Enter principal office address | | | City | State | Zip | |
| | | | | | • | |
| 6. Brief Description of the cha | tracter of the affairs whi | cb are actually conducted in R | hode Island | | | |
| Non-Profit Home owner | ers association | | | | | |
| | | | | | | |
| | ESSES OF THE OF | FICERS: ("X" BOX FOR A | TTACHMENT) [FILL IN SPA | ACES BEFORE USING ATTA | CHMENTS | |
| President Name | | | Vice President Name | | | |
| James Arnold | | | Gerry Harriman | | | |
| Street Address | | | Street Address | | | |
| 419 Gren HILL Lane | State | 7/6 | 50 S. Arnolda Rd. | | | |
| Berywn | PA | <i>Ζi</i> ρ 40242 | City | State | Zip | |
| Secretary Name | I FA | 19312 | Charlestown | RI | 02813 | |
| Bonnie Van Slyke | | | Treasurer Name Arthur Haskins | | | |
| Street Address | | | | | | |
| 80 S. Amolda Rd. | | | Street Address 19 Dewberry Way | | | |
| City | State | Zip | City | State | Zip | |
| Charlestown | RI | 02813 | Suffield | СТ | 06078 | |
| 8. NAMES AND ADDR | | | ATTACHMENT) FILL IN SP. | ACES BEFORE HSING ATTA | CHMENTS | |
| THE NUMBER OF DIR | RECTORS OF A DO | MESTIC (RHODE ISLA | ND) CORPORATION SHALL | NOT RE LESS THAN THE | FF (2) DICI 7.6 22 | |
| Director Name | | ` | Director Name | <u>1111.</u> | (J). R.1.0.1. /-0-25 | |
| Stuart Demirs | | | All officers above : | All officers above are directors | | |
| Street Address | | | Street Address | | | |
| 92 E. Amolda Dr. | | | | | | |
| City' | State | Ζφ | City | State | Zip | |
| Charlestown | RI | 02813 | 1 | | | |
| Director Name | | Director Name | | | | |
| Susan Jacobson | | | Debby Brink | | | |
| Street Address | | | Street Address | | | |
| 618 Fox Court | | | 2325 North Glebe Rd. | | | |
| City | State | Zip | City: | State | Zip | |
| Ridgewood | NJ | 07450 | Arlington | VA | 22207 | |
| 9. REGISTERED AGEN | T IN RHODE ISLA | ND | _ | • | • | |
| This information is curre | ently of record in the | e Office of the Secretary | of State. Changes require filing | of Form 641 - R.I.G.L. 7-6-13 | 3/7-6-78 | |
| This report | must be signed by | either the President Vic | e President Secretary Assists | ant Cagatagy Transport Bas | | |

| 26684 FILED | Under penalty of perjury, a report, including any acconstatements contained hereign |
|---------------------------------|---|
| File Date MAR 2 1 2011 | Signature of Officer |
| Check No. By: BY 2453 | Arthur Haskins Print or Type Name of Office |
| FOR SECRETARY OF STATE USE ONLY | Treasurer Title of Officer |

| Under penalty of perjury, I declare and affirm the report, including any accompanying schedules an statements contained herein are true and correct. | hat I have examined this id statements, and that all |
|--|--|
| Signature of Officer | Date |
| Arthur Haskins | , |
| Print or Type Name of Officer | |
| Treasurer | |