



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2011

1. Corporate ID No. 000028342

2. Name of Corporation The Meadowbrook Waldorf Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 300 KINGSTOWN ROAD

City or Town: WEST KINGSTON

State: RI Zip: 02892 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

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7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LORNA PERSSON	10 A HANNA DRIVE CHARLESTOWN, RI 02813 USA
TREASURER	DOUGLAS PEARCE	12 TURTLEBACK RD. WESTERLY, RI 02891 USA
SECRETARY	NANCY BRITTAIN	72 BLUFF AVE. EDGEWOOD, RI 02905 USA
DIRECTOR	KRISTINA BOVING	316 SWITCH RD. HOPE VALLEY, RI 02832 US
DIRECTOR	BERNADETTE GOLDEN	387 DENISON HILL RD. N. STONINGTON, CT 06359 USA
DIRECTOR	CHARLOTTE O'BRIEN	108 DAWLEY PARK RD. WYOMING, RI 02898 USA
DIRECTOR	THOMAS O'BRIEN	527 SAWMILL HILL RD. STERLING, CT 06377 USA
DIRECTOR	SUSAN RUBINOFF	34 ALLEN AVENUE WAKEFIELD, RI 02879 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

AMY LLOYD RIPPE 300 KINGSTOWN ROAD WEST KINGSTON , RI 02892-

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

Signed this 3 Day of June, 2011 at 3:51:12 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By KRISTINA BOVING

Signature of Officer of the Corporation

☐ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or

☐ Treasurer or ☐ Receiver or ☒ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07