



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.** 000126365

**2. Name of Corporation** SPARTINA COVE HOMEOWNERS ASSOCIATION

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 23 SPARTINA COVE WAY

City or Town: WAKEFIELD

State: RI Zip: 02879 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**

TO PROVIDE AN ENTITY FOR THE FURTHERANCE OF THE INTERESTS OF THE OWNERS OF THE LOTS IN THE DEVELOPMENT PLAT

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	ANTHONY SILBERT	100 SPARTINA COVE WAY WAKEFIELD, RI 02879 USA
SECRETARY	MARK A MALE	23 SPARTINA COVE WAY WAKEFIELD, RI 02879 USA
DIRECTOR	MARK A MALE	23 SPARTINA COVE WAY WAKEFIELD, RI 02879 USA
DIRECTOR	BRIAN SPADARO	239 SPARTINA COVE WAY WAKEFIELD, RI 02879 USA
DIRECTOR	MARC ALLEN	111 SPARTINA COVE WAY 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**

MARK A. MALE 23 SPARTINA COVE WAY WAKEFIELD , RI 02879

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

*Signed this 9 Day of June, 2011 at 11:27:08 AM. 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 MARK A. MALE

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

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