

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 2011

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 nenalty fee of \$25.00.

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1. Corporage ID No.			omeowners Ass	ociution		
3. State of Incorporation RI	4. Corporate address in F	Rhode Island - Street Address PIBOX 5	718	WAKEFICED	Zip 0 2 880	
5. Foreign corporation. Enter prin	icipal office address		City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island LANDOWNER'S ASSOCIATION						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENT'S						
President Name SUSAN SHAW HINES			Vice President Name Gilbride			
Street Address 115 RUBERT FROST WAY City WAKEFIELD State RI 210 02879			Street Address 85 ROBERT FROST WAY			
	State RI	Zip 02879	WAKEFIELD	State	zip 02879	
Secretary Name ROBERT M ROGERS TR			Treasurer Name ANDREW LARIMER			
Street Address RUBERT FRUST WAY			Street Address ROBERT FROSTWAY			
WAKE FIELD	State RI	ZIP 0 2879	WAKEFIELP	State 	^{Zip} 02879	
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 SUSAN SHAW ITINIES			Deborah gilbrill			
Street Address Same			Street Address Same			
City	State	Zíp	City	State	Zip	
Director Name ROBERT N	1 ROGERS	IR	Director Name ANDROW LA	eimer		
Street Address Same			Street Address Same			
City	State	Ζip	City	State	Zip	
9. REGISTERED AGENT IN RHODE ISLAND						
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						
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee						

FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Signature of Officer Date
By: FOR SECRETARY OF STATE USE ONLY	SUSAN SHAW ITINES Print or Type Name of Officer PRESIDENT
THE SECTION OF STREET COST ONE!	Title of Officer