



**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: 2012

1. Corporate ID No. 000108270

2. Name of Corporation Jason's Grant Home Owner's Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 2 JASON'S GRANT DRIVE

City or Town: CUMBERLAND

State: RI Zip: 02864 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 2 JASON'S GRANT DRIVE

City or Town: CUMBERLAND State: RI Zip: 02864 Country:

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

TO PROVIDE FOR THE INSURANCE, CARE AND MAINTENANCE OF THE DETENTION
BASINS LOCATED ON JASON'S GRANT SUBDIVISION, CUMBERLAND, RI.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	PAUL LAVALLEE	22 JASONS GRANT DRIVE CUMBERLAND, RI 02864 USA
TREASURER	WILLIAM NAKSHIAN	2 JASONS GRANT DRIVE CUMBERLAND, RI 02864 USA
DIRECTOR	JANICE GEDDES	26 JASONS GRANT DRIVE CUMBERLAND, RI 02864 USA
DIRECTOR	JOHN THIBODEAU	30 JASONS GRANT DRIVE CUMBERLAND, RI 02864 USA
DIRECTOR	KENNETH NYMAN	24 JASONS GRANT DRIVE CUMBERLAND, RI 02864 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**

ALFRED G. THIBODEAU 1420 MENDON ROAD CUMBERLAND , RI 02864

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

Signed this 5 Day of June, 2012 at 10:15:21 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 WILLIAM NAKSHIAN

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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