



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 505996		2. Exact name of the Corporation Kingston Woods Homeowner's Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Home Owners Association to maintain open space and by laws			
5. Principal office address 10 Julia Court		City Kingston	State RI	Zip 02881	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Christopher Benson		Vice-President Name Roland Menard			
Street Address 10 Julia Court		Street Address 60 Julia Court			
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
Secretary Name Mark Nadeau		Treasurer Name Susan Duxbury			
Street Address 64 Azalea Circle		Street Address 48 Azalea Circle			
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Christopher Benson		Director Name Mark Nadeau			
Street Address 10 Julia Court		Street Address 64 Azalea Circle			
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
Director Name Roland Menard		Director Name Susan Duxbury			
Street Address 60 Julia Court		Street Address 48 Azalea Circle			
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

FILED

File Date _____

JUN 04 2012

Check No _____

By _____

By: _____

CA # 1051

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature]

Signature of Officer

6/1/12
Date

Christopher Benson

Print or Type Name of Officer

President

Title of Officer