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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.	2. Exact name of the Corporation
99752	**Polo Woods Homeowners' Asociation**
3. State of Incorporation: **RI**	4. Brief description of the character of business conducted in Rhode Island: **To manage, preserve and maintain the common areas located within or adjacent to the Polo Woods cluster development in N. Kingstown, RI.**

5. Principal office address	City	State	Zip
975 Smith St.	**Providence**	**RI**	**02908**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Jonathan Clark	**27 Mallet Lane**	**Saunderstown**	**RI**	**02874**

Vice-President Name	Street Address	City	State	Zip
Tina McGann	**110 Polo Drive**	**Saunderstown**	**RI**	**02874**

Secretary Name	Street Address	City	State	Zip
Susan Balcirak	**16 Mallet Lane**	**Saunderstown**	**RI**	**02874**

Treasurer Name	Street Address	City	State	Zip
Elizabeth Landry	**34 Polo Drive**	**Saunderstown**	**RI**	**02874**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Elizabeth Landry	**34 Polo Drive**	**Saunderstown**	**RI**	**02874**

Director Name	Street Address	City	State	Zip
Susan Balcirak	**16 Mallet Lane**	**Saunderstown**	**RI**	**02874**

Director Name	Street Address	City	State	Zip
Mike Johnson	**26 Mallet Lane**	**Saunderstown**	**RI**	**02874**

Director Name	Street Address	City	State	Zip

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 15 2012
Check No By
By: CK # 238

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.

Elizabeth B. Landry 6/13/12
Signature of Officer Date

ELIZABETH B. LANDRY
Print or Type Name of Officer

TREASURER
Title of Officer

Form No. 631
Revised: 05/2012
79403-21-742025