



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. 28355		2. Exact name of the Corporation Cedarfield Homeowners Association, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island A group of homeowners organized to maintain common land			
5. Principal office address P.O. Box 221		City North Kingstown	State RI	Zip 02852	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Fred Scholz		Vice-President Name Malcolm Long			
Street Address 134 Daniel Drive		Street Address 205 Daniel Drive			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Suzanne Stecker		Treasurer Name Suzanne Stecker			
Street Address 144 Pine Tree Circle		Street Address 144 Pine Tree Circle			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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 Fred Scholz		Director Name Malcolm Long			
Street Address 134 Daniel Drive		Street Address 205 Daniel Drive			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name Suzanne Stecker		Director Name			
Street Address 144 Pine Tree Circle		Street Address			
City North Kingstown	State RI	Zip 02852	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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 19 2012

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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.

Suzanne Stecker 6/15/12
 Signature of Officer Date

Suzanne Stecker
 Print or Type Name of Officer

Secretary/Treasurer
 Title of Officer