



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. 164311		2. Exact name of the Corporation MC Homeowners, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To organize hoemowners for right of first refusal			
5. Principal office address 854 Matunuck Beach Rd.		City Wakefield	State RI	Zip 02879	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Marcel F. Beausoleil		Vice-President Name John DeDonato			
Street Address 854 Matunuck Beach Rd		Street Address 854 Matunuck Beach Rd			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Doreen Montaquilia		Treasurer Name Frank Landolfi			
Street Address 854 Matunuck Beach Rd		Street Address 854 Matunuck Beach Rd			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 Marcel F. Beausoleil		Director Name John DeDonato			
Street Address 854 Matunuck Beach Rd		Street Address 854 Matunuck Beach Rd			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Donna Provost		Director Name Doreen Montaquilia			
Street Address 854 Matunuck Beach Rd		Street Address 854 Matunuck Beach Rd			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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

JUN 21 2012

File Date _____ By MFC
 Check No _____ Ch# 1014
 By: _____

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 of Officer MFC Date 6-17-12

Marcel F. Beausoleil

Print or Type Name of Officer

President

Title of Officer