



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. 30316	2. Exact name of the Corporation TRIM'S RIDGE HOMEOWNERS ASSOCIATION INC.
3. State of Incorporation RHODE ISLAND	4. Brief description of the character of business conducted in Rhode Island CONDUCTING A HOMEOWNERS AGENDA

5. Principal office address c/o P KLENIEWSKI, 1130 TEN ROD ROAD, STE F103	City NORTH KINGSTOWN	State RI	Zip 02852
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6. LIST ALL OFFICERS (NAMES AND ADDRESSES). (*X* BOX FOR ATTACHMENT)

President Name GORDON NELSON	Vice-President Name
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Street Address 352 SUDBURY ROAD	Street Address
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City CONCORD	State MA	Zip 01742	City	State	Zip
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Secretary Name E. BRADLEY MOYNAHAN	Treasurer Name ROBERT KOOPMAN
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Street Address 77 ETON ROAD	Street Address 796 QUAKER STREET
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City LONGMEADOW	State MA	Zip 01106	City NORTHBRIDGE	State MA	Zip 01534
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7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name GORDON NELSON	Director Name ROBERT KOOPMAN
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Street Address 352 SUDBURY ROAD	Street Address 796 QUAKER STREET
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City CONCORD	State MA	Zip 01742	City NORTHBRIDGE	State MA	Zip 01534
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Director Name E. BRADLEY MOYNAHAN	Director Name
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Street Address 77 ETON ROAD	Street Address
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City LONGMEADOW	State MA	Zip 01106	City	State	Zip
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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

JUL 05 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.

Robert Koopman
 Signature of Officer

Date

ROBERT KOOPMAN

Print or Type Name of Officer

TREASURER

Title of Officer

File Date _____
 Check No _____
 By: _____
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