RALPH MORE State of	of Rhode Island and Pro Office of the Secreta		Fee: \$20.00	
Division Of Business Services				
	148 W. River S			
P C C C C C C C C C C C C C C C C C C C	Providence RI 0290 (401) 222-30			
(401) 222-3040				
Non-Profit Corporation Annual Report Filing Period: June 1 - June 30				
In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR: 2013				
1. Corporate ID No. 000067600				
2. Name of Corporation THORPE LANE ESTATES HOMEOWNERS ASSOCIATION				
3. State of Incorporation				
State: <u>RI</u>				
4. Corporate Address in Rhode Island				
No. and Street: <u>10 THORPE LANE</u>				
City or Town: WEST KINGSTON State: RI Zip: 02892 Country: USA				
5. Foreign Corporation. Enter Principal Office Address				
No. and Street:				
City or Town: State: Zip: Country:				
6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island				
RESIDENTAL COMPOUND				
7. Names and Addresses of the Officers and Directors:				
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete				
THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23				
Title	Individual Name	Address		
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Coo	de, Country	
PRESIDENT	PHILIP E TRACY	10 THORPE LANE WEST KINGSTON, RI 02892 U	JSA	
DIRECTOR	SARAH J. THOMAS TRACY	10 THORPE LANE WEST KINGSTON, RI 02892	2	

RICHARD MCGANNON

6 THORPE LANE

DIRECTOR

		WEST KINGSTON, RI 02892 USA		
DIRECTOR	DIANE MCGANNON	6 THORPE LANE WEST KINGSTON, RI 02892 USA		
8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78 PHILIP E. TRACY <u>10 THORPE LANE</u> WEST KINGSTON , <u>RI</u> 02892				
individuals signing this instru signatory, under penalties of p	ment constitutes the affirma perjury, that this instrument on, and that the facts stated	lectronic signature of the individual or ation or acknowledgement of the is that individual's act and deed or the herein are true, as of the date of the		
By <u>PHILIP E. TRACY</u> Signature of Officer of the C	Corporation			
X President or Vice	President or Secretary	orAssistant Secretary or		
Treasurer or Trustee (check one)				
This report cannot be acce listed in Section 7.	oted for filing if an officer ha	as executed the form and he/she is not		
Form No. 631 Revised 09/07				
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