



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 2013

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. 000044884		2. Exact name of the Corporation PINECREST FARM ESTATES OWNER'S ASSOCIATION, INC.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island HOME/PROPERTY OWNERS ASSOCIATION			
5. Principal office address 8 Pinecrest Road		City Carolina	State RI	Zip 02812	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES). ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kenneth Payne			Vice-President Name		
Street Address 8 Pinecrest Road			Street Address		
City Carolina	State RI	Zip 02812	City	State	Zip
Secretary Name			Treasurer Name David Moulthrop		
Street Address			Street Address 192 Waites Corner Road		
City	State	Zip	City West Kingston	State RI	Zip 02892
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 Kenneth Payne			Director Name David Moulthrop		
Street Address 8 Pinecrest Road			Street Address 192 Waites Corner Road		
City Carolina	State RI	Zip 02812	City West Kingston	State RI	Zip 02892
Director Name Paul Gamwell			Director Name		
Street Address 5 Pinecrest Road			Street Address		
City Carolina	State RI	Zip 02812	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 27 2013
 190

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.

David K. Moulthrop 6/11/13
 Signature of Officer Date
David K. Moulthrop
 Print or Type Name of Officer
Treasurer
 Title of Officer