



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. <b>000044884</b>		2. Exact name of the Corporation <b>PINECREST FARM ESTATES OWNER'S ASSOCIATION, INC.</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>HOME/PROPERTY OWNERS ASSOCIATION</b>			
5. Principal office address <b>8 Pinecrest Road</b>		City <b>Carolina</b>		State <b>RI</b>	Zip <b>02812</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES). ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Kenneth Payne</b>		Vice-President Name			
Street Address <b>8 Pinecrest Road</b>		Street Address			
City <b>Carolina</b>	State <b>RI</b>	Zip <b>02812</b>	City	State	Zip
Secretary Name		Treasurer Name <b>David Moulthrop</b>			
Street Address		Street Address <b>192 Waites Corner Road</b>			
City	State	Zip	City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Kenneth Payne</b>		Director Name <b>David Moulthrop</b>			
Street Address <b>8 Pinecrest Road</b>		Street Address <b>192 Waites Corner Road</b>			
City <b>Carolina</b>	State <b>RI</b>	Zip <b>02812</b>	City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>
Director Name <b>Paul Gamwell</b>		Director Name			
Street Address <b>5 Pinecrest Road</b>		Street Address			
City <b>Carolina</b>	State <b>RI</b>	Zip <b>02812</b>	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**

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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.

*David K. Moulthrop* 6/11/13  
Signature of Officer Date

**David K. Moulthrop**

Print or Type Name of Officer

**Treasurer**

Title of Officer