



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

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. 000026684		2. Exact name of the Corporation Arnolda Improvement Corporation			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Home Owners Association			
5. Principal office address P.O. Box 10002			City Charlestown	State RI	Zip 02813
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Anita Baxter			Vice-President Name Mark Hinkley		
Street Address 201 Steele Rd. P.O. Box 508			Street Address 117 Arnolda Round Rd.		
City New Hartford	State CT	Zip 06057	City Charlestown	State RI	Zip 02813
Secretary Name Bonnie Van Slyke			Treasurer Name Andrew C. Jacobson		
Street Address 80 S. Arnolda Rd.			Street Address 618 Fox Court		
City Charlestown	State RI	Zip 02813	City Ridgewood	State NJ	Zip 07450
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 James Arnold			Director Name Barbara Kent		
Street Address 419 Green Hill Lane			Street Address 90 Riverside Drive, #7B		
City Berywn	State PA	Zip 19312	City New York	State NY	Zip 10024
Director Name Kate McDonnell			Director Name Jeanne Terrile		
Street Address 125 Arnolda Round Road			Street Address 877 Pequot Avenue		
City Charlestown	State RI	Zip 02813	City Southport	State CT	Zip 06890
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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

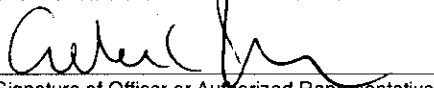
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.


 Signature of Officer or Authorized Representative Date **05/07/14**

Andrew C. Jacobson
 Print or Type Name of Officer or Authorized Representative

ENTITY ID NO.: 000026684

Director Name Nike Whittemore		
Street Address 210 St. Dunstan's Rd.		
City Baltimore	State MD	Zip 21212

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BY *slb684*