



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. 110664		2. Exact name of the Corporation SCHOONER COVE HOMEOWNERS ASSOCIATION			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island ADMINISTER & MANAGE ASSOCIATION COVENANTS			
5. Principal office address P.O. BOX 472			City NARRAGANSETT	State RI	Zip 02882
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name VINCENT CANNON			Vice-President Name GERALD FELDMAN		
Street Address 49 SCHOONER COVE LANE			Street Address 28 ADMIRALS WAY		
City NARRAGANSETT	State R.I	Zip 02882	City NARRAGANSETT	State R.I	Zip 02882
Secretary Name GEORGE SALTER			Treasurer Name JOSEPH C MEISTER, JR		
Street Address 39 SCHOONER COVE LANE			Street Address 5B SCHOONER COVE LANE		
City NARRAGANSETT	State R.I	Zip 02882	City NARRAGANSETT	State R.I	Zip 02882
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 MATTHEW FOLEY			Director Name KAREN KRAMER		
Street Address 53 SCHOONER COVE LANE			Street Address 16 ADMIRAL'S WAY		
City NARRAGANSETT	State R.I	Zip 02882	City NARRAGANSETT	State R.I	Zip 02882
Director Name VINCENT CANNON			Director Name		
Street Address 49 SCHOONER COVE LANE			Street Address		
City NARRAGANSETT	State R.I.	Zip 02882	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND ADLER POLLOCK SHEENAN PC. ONE CITIZENS PLAZA PROVIDENCE, RI 02903					
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

FILED

File Date _____

Check No _____

By: _____

BY **1026**

FOR SECRETARY OF STATE USE ONLY

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.

Joseph C Meister, Jr, May 8, 2014
 Signature of Officer or Authorized Representative Date

JOSEPH C MEISTER, JR
 Print or Type Name of Officer or Authorized Representative
TREASURER, SCHA