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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.	2. Exact name of the Corporation
26244	LAND-N-SEA COMPOUND II PROPERTY OWNERS ASSOCIATION
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	PROPERTY OWNERS ASSOCIATION

5. Principal office address	City	State	Zip
133 OLD TOWER HILL ROAD, STE 1	WAKEFIELD	RI	02879

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
MARJORY NOON	
Street Address	Street Address
1 LAND-N-SEA DRIVE	
City / State / Zip	City / State / Zip
WAKEFIELD / RI / 02879	
Secretary Name	Treasurer Name
ED BLUMSTEIN	GAYLE J. DENELLE
Street Address	Street Address
119 RAWSON ROAD	84 LAND-N-SEA DRIVE
City / State / Zip	City / State / Zip
BROOKLINE / MA / 02445	WAKEFIELD / RI / 02879

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
MAURA MCGILL	ED BLUMSTEIN
Street Address	Street Address
89 LAND-N-SEA DRIVE	119 RAWSON ROAD
City / State / Zip	City / State / Zip
WAKEFIELD / RI / 02879	BROOKLINE / MA / 02445
Director Name	Director Name
GAYLE DENELLE	
Street Address	Street Address
84 LAND-N-SEA DRIVE	
City / State / Zip	City / State / Zip
WAKEFIELD / RI / 02879	

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: _____
FOR SECRETARY OF STATE USE ONLY

FILED
MAY 28 2014
BY 248438

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.

Gayle J. Denelle 5.22.14
Signature of Officer or Authorized Representative — Date

GAYLE J. DENELLE, CO-TREASURER
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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