



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. 86075		2. Exact name of the Corporation KENDALL GREEN HOME OWNERS ASSOCIATION			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island HOMEOWNERS ASSOCIATION			
5. Principal office address 133 OLD TOWER HILL ROAD, STE. 1		City WAKEFIELD	State RI	Zip 02879	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JOANNE LUCOVICI-LINT		Vice-President Name SANDRA DENELLE			
Street Address 475 K STREET NW		Street Address 55 CLIFF DRIVE			
City WASHINGTON	State DC	Zip 20001	City NARRAGANSETT	State RI	Zip 02882
Secretary Name ELIZABETH LOUGHLIN		Treasurer Name KATHLEEN HALL			
Street Address 157 BRATTLE STREET		Street Address 722 KEY ROYALE DRIVE			
City CAMBRIDGE	State MA	Zip 02138	City HOLMES BEACH	State FL	Zip 34217
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name ROBERT RIORDAN		Director Name JOANNE LUCOVICI-LINT			
Street Address 27 HIGHLAND TERRACE		Street Address 475 K STREET NW			
City PLEASANTVILLE	State NY	Zip 10570	City WASHINGTON	State DC	Zip 20001
Director Name ELIZABETH COUGHLIN		Director Name KATHLEEN HALL			
Street Address 157 BRATTLE STREET		Street Address 722 KEY ROYALE DRIVE			
City CAMBRIDGE	State MA	Zip 02138	City HOLMES BEACH	State FL	Zip 34217
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

JUN 02 2014

BY _____

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.

Kathleen S. Hall 05/28/2014
Signature of Officer or Authorized Representative Date

KATHLEEN S. HALL, TREASURER

Print or Type Name of Officer or Authorized Representative

ADDITIONAL BOARD OF DIRECTORS:

SANDRA DENELLE
55 CLIFF DRIVE
NARRAGANSETT, RI 02882

ALL OTHER LOT OWNERS WILL BE ON THE BOARD OF
DIRECTORS – NAMES AND ADDRESSES UNKNOWN AT THIS TIME