



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. 000121057		2. Exact name of the Corporation Eastover Homeowners Association Inc			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island Homeowners Association			
5. Principal office address 144 Wapping Road		City Portsmouth	State RI	Zip 02871	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Katherine Field			Vice-President Name None		
Street Address 144 Wapping Road			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Secretary Name Jeffery Siegal			Treasurer Name Margot K Ceres		
Street Address 227 Eastover Road			Street Address 423 Purgatory Road		
City Portsmouth	State RI	Zip 02871	City Middletown	State RI	Zip 02841
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 Katherine Field			Director Name Jeffery Siegal		
Street Address 144 Wapping Road			Street Address 227 Eastover Road		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Director Name Margot K Ceres			Director Name None		
Street Address 423 Purgatory Road			Street Address		
City Middletown	State RI	Zip 02842	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, duly Authorized Representative, Receiver or Trustee

File Date _____

FILED

Check No _____

JUN 03 2014

By: _____

BY

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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.

Margot K Ceres May 16, 2014
 Signature of Officer or Authorized Representative Date

Margot K Ceres

Print or Type Name of Officer or Authorized Representative