



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. 43716		2. Exact name of the Corporation MEADOW TREE FARM COMPOUND HOMEOWNERS ASSOCIATION			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island HOMEOWNERS' ASSOCIATION			
5. Principal office address 106 Meadow Tree Farm Road		City Saunderstown		State RI	Zip 02874
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert Carothers		Vice-President Name John Sanacore			
Street Address 106 Meadow Tree Farm Road		Street Address 106 Meadow Tree Farm Road			
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name Karen Black		Treasurer Name Diane C DeCesare			
Street Address 106 Meadow Tree Farm Road		Street Address 106 Meadow Tree Farm Road			
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
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 Kenneth Yang		Director Name Jerry Mullen			
Street Address 106 Meadow Tree Farm Road		Street Address 106 Meadow Tree Farm Road			
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Director Name Susan Coughlin		Director Name			
Street Address 106 Meadow Tree Farm Road		Street Address			
City Saunderstown	State RI	Zip 02874	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	
Check No	
By	
FOR SECRETARY OF STATE USE ONLY	

FILED

JUN 12 2014

BY

573

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.

Diane C DeCesare
Signature of Officer or Authorized Representative

6/10/14
Date

Diane C. DeCesare

Print or Type Name of Officer or Authorized Representative