



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/business

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. 88102		2. Exact name of the Corporation MOCKINGBIRD ESTATES HOMEOWNER'S ASSOCIATION, INC.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Management of residential subdivision common land.			
5. Principal office address c/o Moses & Afonso, Ltd., 160 Westminster St., Ste. 400		City Providence		State RI	Zip 02903
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT ☒					
President Name Mary Anne Clarke		Vice-President Name Stephanie Mello			
Street Address 76 Mockingbird Drive		Street Address 92 Mockingbird Drive			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Christine Mohan		Treasurer Name Christine Mohan			
Street Address 63 Mockingbird Drive		Street Address 63 Mockingbird Drive			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (X) BOX FOR ATTACHMENT ☒					
Director Name Mary Anne Clarke		Director Name Stephanie Mello			
Street Address 76 Mockingbird Drive		Street Address 92 Mockingbird Drive			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name Christine Mohan		Director Name			
Street Address 63 Mockingbird Drive		Street Address			
City North Kingstown	State RI	Zip 02852	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, Receiver or Trustee

File Date	
Check No.	
By	
FOR SECRETARY OF STATE USE ONLY	

FILED

JUN 13 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.

Mary Anne Clarke
Signature of Officer

6-9-14
Date

Mary Anne Clarke
Print or Type Name of Officer

President
Title of Officer