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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 2015

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
43716	MEADOW TREE FARM COMPOUND HOMEOWNERS ASSOCIATION

3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	HOMEOWNERS ASSOCIATION

5. Principal office address	City	State	Zip
106 MEADOW TREE FARM ROAD	SAUNDERSTOWN	RI	02874

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

Office	Name	Street Address	City	State	Zip
President Name	SUSAN COUGHLIN	106 MEADOW TREE FARM ROAD	SAUNDERSTOWN	RI	02874
Vice-President Name	SHAW CHEN	106 MEADOW TREE FARM ROAD	SAUNDERSTOWN	RI	02874
Secretary Name	KAREN BLACK	106 MEADOW TREE FARM ROAD	SAUNDERSTOWN	RI	02874
Treasurer Name	DIANE DECESARE	106 MEADOW TREE FARM ROAD	SAUNDERSTOWN	RI	02874

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

Director Name	Street Address	City	State	Zip
FRANCINE BUCKLEY	106 MEADOW TREE FARM ROAD	SAUNDERSTOWN	RI	02874
MANNY VIEIRA	106 MEADOW TREE FARM ROAD	SAUNDERSTOWN	RI	02874
VINCENT DECESARE	106 MEADOW TREE FARM ROAD	SAUNDERSTOWN	RI	02874
NONE				

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

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 DeCesare 5/29/15
Signature of Officer or Authorized Representative — Date

DIANE DECESARE/TREASURER
Print or Type Name of Officer or Authorized Representative

File Date ______
Check No ______
By: ______
FOR SECRETARY OF STATE USE ONLY

FILED
JUN 04 2015
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Form No. 631
Revised: 04/2014
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