



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. <u>120265</u>		2. Exact name of the Corporation <u>Misty Meadow Cluster Subdivision Homeowners Association, Inc.</u>			
3. State of Incorporation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>Home Owners Association</u>			
5. Principal office address <u>136 Misty Meadow Lane</u>		City <u>NORTH Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>MARK HARRISON</u>			Vice-President Name <u>GAIL FUGERE</u>		
Street Address <u>29 Misty Meadow Lane</u>			Street Address <u>86 Misty Meadow Lane</u>		
City <u>NORTH Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>NORTH Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>
Secretary Name <u>LINDA SACEH</u>			Treasurer Name <u>EVAN KANTOR</u>		
Street Address <u>59 Misty Meadow Lane</u>			Street Address <u>136 Misty Meadow Lane</u>		
City <u>NORTH Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>NORTH Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>
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 <u>MARK HARRISON</u>			Director Name <u>GAIL FUGERE</u>		
Street Address <u>29 Misty Meadow Lane</u>			Street Address <u>86 Misty Meadow Lane</u>		
City <u>NORTH Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>NORTH Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>
Director Name <u>LINDA SACEH</u>			Director Name <u>EVAN KANTOR</u>		
Street Address <u>59 Misty Meadow Lane</u>			Street Address <u>136 Misty Meadow Lane</u>		
City <u>NORTH Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>NORTH Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>
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

FILED

JUN 24 2015

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.

File Date _____

Check No _____

By: _____

BY 230

[Signature]

Signature of Officer or Authorized Representative

6/21/15

Date

FOR SECRETARY OF STATE USE ONLY

EVAN KANTOR

Print or Type Name of Officer or Authorized Representative

TREASURER