



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 67600		2. Name of Corporation THORPE LANE ESTATES HOMEOWNERS ASSOCIATION		
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 10 THORPE LANE		City W. KINGSTON
				Zip 02892
5. Foreign corporation. Enter principal office address —		City —		State —
				Zip —
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island RESIDENTIAL COMPOUND				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Philip E. Tracy		Vice President Name		
Street Address 10 Thorpe Lane		Street Address		
City W. Kingston	State RI	Zip 02892	City	State
				Zip
Secretary Name SARAH J. THOMAS TRACY		Treasurer Name Philip E. Tracy		
Street Address 10 Thorpe Lane		Street Address 10 Thorpe Lane		
City W. Kingston	State RI	Zip 02892	City W. Kingston	State RI
				Zip 02892
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23				
Director Name Philip E. Tracy		Director Name Richard McGowan		
Street Address 10 Thorpe Lane		Street Address 6 Thorpe Lane		
City W. Kingston	State RI	Zip 02892	City W. Kingston	State RI
				Zip 02892
Director Name SARAH J. THOMAS TRACY		Director Name		
Street Address 10 THORPE LANE		Street Address		
City W. Kingston	State RI	Zip 02892	City	State
				Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78				
Agent Name PHILIP E. TRACY		Address		
Address 10 THORPE LANE		City WEST KINGSTON		Zip 02892

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



67600

File Date 6-2-05
Check No. 153
By: [Signature]
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

[Signature] 06/05
Signature of Officer Date
Philip E. Tracy
Print or Type Name of Officer
President
Title of Officer