



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
105351		FIELDSTONE LANE 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	
98 FIELDSTONE LANE		SAUNDERSTOWN	RI	02874	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name		Vice-President Name			
RAY RICHARD		DAVID GREENWOOD			
Street Address		Street Address			
206 FIELDSTONE LANE		132 FIELDSTONE LANE			
City	State	Zip	City	State	Zip
SAUNDERSTOWN	RI	02874	SAUNDERSTOWN	RI	02874
Secretary Name		Treasurer Name			
CHRISTINE EDGAR		RICK QUINLIVAN			
Street Address		Street Address			
47 FIELDSTONE LANE		98 FIELDSTONE LANE			
City	State	Zip	City	State	Zip
SAUNDERSTOWN	RI	02874	SAUNDERSTOWN	RI	02874
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name		Director Name			
KATHRYN VENTURA		NICOLE GRACE			
Street Address		Street Address			
190 FIELDSTONE LANE		57 FIELDSTONE LANE			
City	State	Zip	City	State	Zip
SAUNDERSTOWN	RI	02874	SAUNDERSTOWN	RI	02874
Director Name		Director Name			
MAURICE CUSICK					
Street Address		Street Address			
48 FIELDSTONE LANE					
City	State	Zip	City	State	Zip
SAUNDERSTOWN	RI	02874			
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative				Date	
RICK QUINLIVAN				5-18-16	
Signature of Officer/Authorized Representative					
<i>Rick Quinlan</i>					

FILED

MAY 24 2016

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