RI SOS Filing Number: 201600719150 Date: 06/15/2016 4:00 PM

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

Annual Report for the year: 2016
Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
28355	Cedarfield Homeowners' Association, Inc.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	A group of homeowners organized to maintain common land

5. Principal Office Address	City	State	Zip
P.O. Box 221	North Kingstown	RI	02852

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Fred Scholz		Vice-President Name	Malcolm Long	
Street Address	134 Daniel Drive		Street Address	205 Daniel Drive	
City	North Kingstown	State RI Zip 02852	City	North Kingstown	State RI Zip 02852
Secretary Name	Suzanne Stecker		Treasurer Name	Suzanne Stecker	
Street Address	144 Pine Tree Circle		Street Address	144 Pine Tree Circle	
City	North Kingstown	State RI Zip 02852	City	North Kingstown	State RI Zip 02852

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Fred Scholz		Director Name	Malcolm Long	
Street Address	134 Daniel Drive		Street Address	205 Daniel Drive	
City	North Kingstown	State RI Zip 02852	City	North Kingstown	State RI Zip 02852
Director Name	Suzanne Stecker		Director Name		
Street Address	144 Pine Tree Circle		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 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
Suzanne Stecker, Secretary/Treasurer	6/13/16

Signature of Officer/Authorized Representative

Suzanne Stecker

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
JUN 15 2016
BY 274181

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