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

FORM 631 Revised 05/2016