



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000063150

2. Name of Corporation Maplehill Mobile Home Park Residents Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 61 HILLSIDE DRIVE

City or Town: MAPLEVILLE State: RI Zip: 02839 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

MOBILE HOME PARK

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MELANIE ROBEAU	10 WOODRIDGE DRIVE MAPLEVILLE, RI 02839 USA
TREASURER	LINDA RICCI	32 OAK TERRACE MAPLEVILLE, RI 02839 USA
SECRETARY	DONALD ROWLEY	47 MAPLEWOOD DRIVE

		MAPLEVILLE, RI 02839 USA
VICE PRESIDENT	EDWARD VARON	25 MAPLEWOOD DRIVE MAPLEVILLE, RI 02839 USA
DIRECTOR	MELANIE ROBEAU	10 WOODRIDGE DRIVE MAPLEVILLE, RI 02839 USA
DIRECTOR	EDWARD VARONE	25 MAPLEWOOD DRIVE MAPLEVILLE, RI 02839 USA
DIRECTOR	LINDA RICCI	342 OAK TERRACE MAPLEVILLE, RI 02839

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JOAN FRANCES ALLEN 61 HILLSIDE DRIVE MAPLEVILLE , RI 02839

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 12 Day of July, 2016 at 10:52:44 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By MELISSA MICELI
Signature of Authorized Person

Form No. 631
Revised 09/07

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