



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. 000126876

2. Name of Corporation Slocum Woods Homeowners' Association, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 61 BRIGADE DRIVE

City or Town: SAUNDERSTOWN State: RI Zip: 02874 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

MANAGEMENT OF COMMON PROPERTY

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	DAVID MARZILLI	61 BRIGADE DRIVE SAUNDERSTOWN, RI 02874 USA
TREASURER	FRANK PENSABENE	161 BRIGADE DRIVE SAUNDERSTOWN, RI 02874 USA
SECRETARY	LAURA FACTOR	32 MIDNIGHT COURT

		SAUNDERSTOWN, RI 02874 USA
VICE PRESIDENT	ROBERT JOHNSON	100 BRIGADE DRIVE SAUNDERSTOWN, RI 02874 US
DIRECTOR	DAVID MARZILLI	61 BRIGADE DRIVE SAUNDERSTOWN, RI 02874 USA
DIRECTOR	TOM FACTOR	32 MIDNIGHT COURT SAUNDERSTOWN, RI 02874 USA
DIRECTOR	SUSAN MARZILLI	61 BRIGADE DRIVE SAUNDERSTOWN, RI 02874 USA

**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**

DAVID MARZILLI 61 BRIGADE DRIVE SAUNDERSTOWN , RI 02874

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

Signed this 15 Day of July, 2016 at 1:27:51 PM 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 DAVID MARZILLI
Signature of Authorized Person

Form No. 631
Revised 09/07

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