



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

**Annual Report for the year: 2010**

**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.

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 SECRETARY OF STATE  
 CORPORATIONS DIV

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1. Entity ID Number <b>000056872</b>		2. Exact name of the Corporation <b>Jamestown Estates Homeowner's Association</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Residential homeowners' association</b>			
5. Principal Office Address <b>30 Westwind Drive</b>			City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Robin L. Main</b>			Vice-President Name		
Street Address <b>30 Westwind Drive</b>			Street Address		
City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Robin L. Main</b>			Director Name <b>Robert S. Powers</b>		
Street Address <b>30 Westwind Drive</b>			Street Address <b>30 Westwind Drive</b>		
City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>	City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>
Director Name <b>Robert Braisted</b>			Director Name		
Street Address <b>85 Westwind Drive</b>			Street Address		
City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>	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.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <i>Robin L. Main</i>				Date <i>7/18/16</i>	
Signature of Officer/Authorized Representative <i>Robin L. Main</i>				SIGN DOCUMENT HERE	

**FILED**

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BY 4279412

**MAIL TO:**  
 Division of Business Services  
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 Phone: (401) 222-3040  
 Website: www.sos.ri.gov