



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

Annual Report for the year: 2005
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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 JUL 19 PM 1:58

1. Entity ID Number 000056872		2. Exact name of the Corporation Jamestown Estates Homeowner's Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Residential homeowners' association			
5. Principal Office Address 30 Westwind Drive			City Jamestown	State RI	Zip 02835
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robin L. Main			Vice-President Name		
Street Address 30 Westwind Drive			Street Address		
City Jamestown	State RI	Zip 02835	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 MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robin L. Main			Director Name Robert S. Powers		
Street Address 30 Westwind Drive			Street Address 30 Westwind Drive		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Director Name Robert Braisted			Director Name		
Street Address 85 Westwind Drive			Street Address		
City Jamestown	State RI	Zip 02835	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.					
<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

JUL 19 2016 2:07

BY 6 279412

FORM 631 - Revised: 05/2016

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