



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. 000092329

2. Name of Corporation Maple Meadows Mobile Home Tenants Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 597 PROVIDENCE PIKE
P.O. BOX 362

City or Town: SLATERSVILLE State: RI Zip: 02876 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

EDUCATE AND ADVISE MOBILE/MANUFACTURED HOME OWNERS AND RESIDENTS OF MAPLE MEADOWS MOBILE HOME TENANTS ASSOCIATION.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	KEVIN AGUIAR	660 BEVERAGE HILL AVENUE, UNIT 28 PAWTUCKET, RI 02861 USA
TREASURER	DEBORAH MERCURE	660 BEVERAGE HILL AVE / LOT #22

		PAWTUCKET, RI 02861 USA
VICE PRESIDENT	PAUL DIFIORE SR.	660 BEVERAGE HILL AVE / LOT#32 PAWTUCKET, RI 02861 USA
DIRECTOR	MICHAEL GITY	660 BEVERAGE HILL AVE / LOT #5 PAWTUCKET, RI 02861 USA
DIRECTOR	STEPHEN ALMEIDA	660 BEVERAGE HILL AVE / UNIT #20 PAWTUCKET, RI 02861 USA
DIRECTOR	RAYMOND BECHARD	43 LOWELL AVENUE PAWTUCKET, RI 02861 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

KIMBALL PROPERTY MAINTENANCE LLC 597 PROVIDENCE PIKE P.O. BOX 362 SLATERSVILLE ,
RI 02876

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

Signed this 30 Day of July, 2016 at 8:19:09 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 SHERYL KIMBALL
Signature of Authorized Person

Form No. 631
Revised 09/07

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