



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016
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.

1. Entity ID Number 149224		2. Exact name of the Corporation Chestnut Hill ^{Estates} Homeowners Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Manage common areas and interests of Chestnut Hill Estates			
5. Principal Office Address P.O. Box 1404		City East Greenwich		State RI	Zip 02818
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jeff Pembroke			Vice-President Name		
Street Address P.O. Box 1404 80 Bailey Blvd			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name			Treasurer Name June Fischer		
Street Address			Street Address P.O. Box 1404 30 Bailey Blvd		
City	State	Zip	City East Greenwich	State RI	Zip 02818
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 Sabrina Sheninger			Director Name Lynn Cardi		
Street Address P.O. Box 1404 40 Bailey Blvd			Street Address P.O. Box 1404 45 Burns		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name Jeff Pembroke			Director Name June Fischer		
Street Address 80 Bailey Blvd			Street Address 30 Bailey Blvd		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative June Fischer				Date 7/14/16	
Signature of Officer/Authorized Representative 					

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

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AUG 15 2016
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