



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 155523 | | 2. Exact name of the Corporation FAIRVIEW COMMONS HOMEOWNERS ASSOCIATION | |
| 3. State of Incorporation RI | | 4. Brief description of the character of business conducted in Rhode Island Promote Recreation, Health, Safety and welfare of the residents of Fairview Commons and for improvement + maintenance of common areas | |
| 5. Principal Office Address 44 Woodmist Circle | | City COVENTRY | State RI |
| | | Zip 02816 | |
| 6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name BRUCE GILMAN | | Vice-President Name DAVE PALANA | |
| Street Address 11 Woodmist Circle | | Street Address 44 Woodmist Circle | |
| City COVENTRY | State RI | City COVENTRY | State RI |
| Zip 02816 | | Zip 02816 | |
| Secretary Name LORETTA REEDS | | Treasurer Name JEAN TOUSSAINT | |
| Street Address WOODMIST CIRCLE | | Street Address 43 Woodmist Circle | |
| City COVENTRY | State RI | City COVENTRY | State RI |
| Zip 02816 | | Zip 02816 | |
| 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 JOHN ABOOD | | Director Name BRUCE GILMAN | |
| Street Address 45 Woodmist Circle | | Street Address 11 Woodmist Circle | |
| City COVENTRY | State RI | City COVENTRY | State RI |
| Zip 02816 | | Zip 02816 | |
| Director Name DAVE PALANA | | Director Name | |
| Street Address 44 Woodmist Circle | | Street Address | |
| City COVENTRY | State RI | City | State |
| Zip 02816 | | 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. | | | |
| <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 JEAN TOUSSAINT | | Date 12/18/16 | |
| Signature of Officer/Authorized Representative <i>[Signature]</i> | | SIGN DOCUMENT HERE | |

FILED

DEC 27 2016

By 1110
[Signature]

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

FORM 631 - Revised: 05/2016