



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. 000100707

2. Name of Corporation BROOKSIDE AT QUIDNESSETT HOME OWNERS ASSOCIATION,INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: C/O MIKE MARTIN
165 CREST FIELD LANE

City or Town: NORTH KINGSTOWN State: RI Zip: 02852 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

ACQUIRING REAL ESTATE IN NORTH KINGSTOWN, RI TO BE USED FOR RECREATIONAL OR CONSERVATION PURPOSES.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
PRESIDENT	MIKE MARTIN	165 CREST FIELD LANE NORTH KINGSTOWN, RI 02852 USA

TREASURER	LYNN POTTER	124 CRESTFIELD LANE NORTH KINGSTOWN, RI 02852 USA
SECRETARY	BILL SCHMIEDEKNECHT	109 CREST FIELD LANE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	MIKE MARTIN	165 CREST FIELD LANE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	LYNN POTTER	124 CRESTFIELD LANE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	BILL SCHMIEDEKNECHT	109 CREST FIELD LANE NORTH KINGSTOWN, RI 02852 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**

MICHAEL MARTIN 165 CREST FIELD LANE NORTH KINGSTOWN , RI 02852

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

Signed this 11 Day of January, 2017 at 8:50:25 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 MICHAEL MARTIN
Signature of Authorized Person

Form No. 631
Revised 09/07

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