



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2017

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>110664</b>		2. Exact name of the Corporation <b>SCHOONER COVE HOMEOWNERS ASSOCIATION</b>	
3. State of Incorporation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>ADMINISTER &amp; MANAGE ASSOCIATION COVENANTS</b>	
5. Principal office address <b>P.O. BOX 472</b>		City <b>NARRAGANSETT</b>	State <b>R.I</b>
		Zip <b>02882</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <b>VINCENT CANNON</b>		Vice-President Name <b>GERALD FELDMAN</b>	
Street Address <b>49 SCHOONER COVE LA</b>		Street Address <b>28 ADMIRALS WAY</b>	
City <b>NARRAGANSETT</b>	State <b>R.I</b>	City <b>NARRAGANSETT</b>	State <b>RI</b>
Zip <b>02882</b>		Zip <b>02882</b>	
Secretary Name <b>GEORGE SALTER</b>		Treasurer Name <b>JOSEPH C MEISTER, JR</b>	
Street Address <b>39 SCHOONER</b>		Street Address <b>58 SCHOONER COVE LAWE</b>	
City <b>NARRAGANSETT</b>	State <b>R.I</b>	City <b>NARRAGANSETT</b>	State <b>RI</b>
Zip <b>02882</b>		Zip <b>02882</b>	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <b>KAREN KRAMER</b>		Director Name <b>VINCENT CANNON</b>	
Street Address <b>16 ADMIRALS WAY</b>		Street Address <b>49 SCHOONER COVE LA</b>	
City <b>NARRAGANSETT</b>	State <b>RI</b>	City <b>NARRAGANSETT</b>	State <b>R.I</b>
Zip <b>02882</b>		Zip <b>02882</b>	
Director Name <b>ERIC WALKER</b>		Director Name	
Street Address <b>53 SCHOONER COVE LA</b>		Street Address	
City <b>NARRAGANSETT</b>	State <b>R.I</b>	City	State
Zip <b>02882</b>		Zip	
8. REGISTERED AGENT IN RHODE ISLAND <b>ADLER POLLOCK SHEPARD PC ONE CITIZENS PLAZA PRV RI 02903</b>			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

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

**FILED**

APR 10 2017

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_ BY 1201  
 By: \_\_\_\_\_

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.

Joseph C Meister, Jr 4-5-17 2017  
 Signature of Officer or Authorized Representative Date