



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. 110664		2. Exact name of the Corporation SCHOONER COVE HOMEOWNERS ASSOCIATION	
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island ADMINISTER & MANAGE ASSOCIATION COVENANTS	
5. Principal office address P.O. BOX 472		City NARRAGANSETT	State R.I
		Zip 02882	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name VINCENT CANNON		Vice-President Name GERALD FELDMAN	
Street Address 49 SCHOONER COVE LA		Street Address 28 ADMIRALS WAY	
City NARRAGANSETT	State R.I	City NARRAGANSETT	State RI
Zip 02882		Zip 02882	
Secretary Name GEORGE SALTER		Treasurer Name JOSEPH C MEISTER, JR	
Street Address 39 SCHOONER		Street Address 58 SCHOONER COVE LAWE	
City NARRAGANSETT	State R.I	City NARRAGANSETT	State RI
Zip 02882		Zip 02882	
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 KAREN KRAMER		Director Name VINCENT CANNON	
Street Address 16 ADMIRALS WAY		Street Address 49 SCHOONER COVE LA	
City NARRAGANSETT	State RI	City NARRAGANSETT	State R.I
Zip 02882		Zip 02882	
Director Name ERIC WALKER		Director Name	
Street Address 53 SCHOONER COVE LA		Street Address	
City NARRAGANSETT	State R.I	City	State
Zip 02882		Zip	
8. REGISTERED AGENT IN RHODE ISLAND ADLER POLLOCK SHEPARD PC ONE CITIZENS PLAZA PRV RI 02903			
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