RI SOS Filing Number: 201745827910 Date: 6/19/2017 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
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	2. Exact name of the Corporation
88102	**Mockingbird Estate Homeowners' Association, Inc.**
3. State of Incorporation: **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island: **Management of residential subdivision common land**
4. NAICS Code: **813910 - Business Associati**	

6. Principal Office Address	City	State	Zip
c/o Moses Afonso Ryan Ltd., 160 Westminster St., 4th Fl.	**Providence**	**RI**	**02903**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Mary Anne Clarke**			Vice-President Name Lauren Bush		
Street Address **76 Mockingbird Drive**			Street Address 104 **Mockingbird Drive**		
City **North Kingstown**	State **RI**	Zip **02852**	City **North Kingstown**	State **RI**	Zip **02852**
Secretary Name **Christine Mohan**			Treasurer Name **Christine Mohan**		
Street Address **63 Mockingbird Drive**			Street Address **63 Mockingbird Drive**		
City **North Kingstown**	State **RI**	Zip **02852**	City **North Kingstown**	State **RI**	Zip **02852**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name **Mary Anne Clarke**			Director Name Lauren Bush		
Street Address **76 Mockingbird Drive**			Street Address 104 **Mockingbird Drive**		
City **North Kingstown**	State **RI**	Zip **02852**	City **North Kingstown**	State **RI**	Zip **02852**
Director Name **Christine Mohan**			Director Name		
Street Address **63 Mockingbird Drive**			Street Address		
City **North Kingstown**	State **RI**	Zip **02852**	City	State	Zip

9. 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.

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

Name of Officer/Authorized Representative	Date
Mary Anne Clarke, President	6/15/17

Signature of Officer/Authorized Representative: Mary Anne K. Clarke SIGN DOCUMENT HERE

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

FILED
JUN 19 2017
BY 1005

FORM 631 - Revised: 05/2017