Department of State - Business Services Division

Annual Report for the year: 2017
Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $30.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

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1. Entity ID Number: 120265	2. Exact name of the Corporation: Misty Meadow Cluster Subdivision Homeowners Association, Inc.
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Home Owners Association
4. NAICS Code: 813990	

6. Principal Office Address	City	State	Zip
136 Misty Meadow Lane	North Kingstown	RI	02852

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

President Name: Mark Harrison	Vice-President Name: Gail Fugere
Street Address: 29 Misty Meadow Lane	Street Address: 86 Misty Meadow Lane
City: North Kingstown, State: RI, Zip: 02852	City: North Kingstown, State: RI, Zip: 02852
Secretary Name: Linda Saleh	Treasurer Name: Evan Kantor
Street Address: 59 Misty Meadow Lane	Street Address: 136 Misty Meadow Lane
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: Mark Harrison	Director Name: Gail Fugere
Street Address: 29 Misty Meadow Lane	Street Address: 86 Misty Meadow Lane
City: North Kingstown, State: RI, Zip: 02852	City: North Kingstown, State: RI, Zip: 02852
Director Name: Linda Saleh	Director Name: Evan Kantor
Street Address: 59 Misty Meadow Lane	Street Address: 136 Misty Meadow Lane
City: North Kingstown, State: RI, Zip: 02852	City: North Kingstown, State: RI, Zip: 02852

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
Evan Kantor Treasurer	6/17/17

Signature of Officer/Authorized Representative: [signature]

FILED

JUN 21 2017

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