



Department of State - Business Services Division

Annual Report for the year: 2017
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$22.00
- 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 136 Misty Meadow Lane | | City NORTH Kingstown | State RI |
| | | Zip 02852 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| 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 | City NORTH Kingstown | State RI |
| Zip 02852 | | 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 | City NORTH Kingstown | State RI |
| Zip 02852 | | Zip 02852 | |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/> | | | |
| 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 | City NORTH Kingstown | State RI |
| Zip 02852 | | 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 | City NORTH Kingstown | State RI |
| Zip 02852 | | 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. | | | |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i> | | | |
| Name of Officer/Authorized Representative EVAN KANTOR TREASURER | | | Date 6/17/17 |
| Signature of Officer/Authorized Representative | | | |

FILED

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

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