



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 43716		2. Exact name of the Corporation MEADOW TREE FARM COMPOUND HOMEOWNERS ASSOCIATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island HOMEOWNERS ASSOCIATION			
4. NAICS Code 813910 - Business Associati <input type="checkbox"/>					
6. Principal Office Address 106 MEADOW TREE FARM ROAD		City SAUNDERSTOWN	State RI	Zip 02874	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sue Coughlin			Vice-President Name Shaw Chen		
Street Address 106 Meadow Tree Farm Road			Street Address 106 Meadow Tree Farm Road		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name Karen Black			Treasurer Name Diane DeCesare		
Street Address 106 Meadow Tree Farm Road			Street Address 106 Meadow Tree Farm		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
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 Mary Alice Mullen			Director Name Francine Buckley		
Street Address 106 Meadow Tree Farm Road			Street Address 106 Meadow Tree Farm Rd		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Director Name Kendra Ulmschneider			Director Name		
Street Address 106 Meadow Tree Farm Road			Street Address		
City Saunderstown	State RI	Zip 02874	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.					
<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 Diane DeCesare				Date 6/26/17	
Signature of Officer/Authorized Representative <i>Diane C DeCesare</i>					

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 28 2017
 BY WJ