



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 92066		2. Exact name of the Corporation Minister's Lot Homeowners Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Condominium and Homeowners Association			
4. NAICS Code 624229 - Other Community Hou					
6. Principal Office Address Corn Neck Road, Ministers Lot			City BLOCK ISLAND	State RI	Zip 02807
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Joan Reiser			Vice-President Name		
Street Address 25 Orchard Street, #19			Street Address		
City Stonington	State CT	Zip 06378	City	State	Zip
Secretary Name Judith Debrandt			Treasurer Name		
Street Address 11006 Wickshire Way			Street Address		
City Rockville	State MD	Zip 20852	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Millard Harmon			Director Name Eileen Dinolfo		
Street Address 34 Elsmere Avenue			Street Address 70 Magnolia Avenue		
City Delmar	State NY	Zip 12054	City Larchmont	State NY	Zip 10538
Director Name Jim Hinthorn			Director Name		
Street Address PO Box 1214			Street Address		
City Block Island	State RI	Zip 02807	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Elliot Taubman, Esq.				Date 6/27/2017	
Signature of Officer/Authorized Representative 					

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

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 JUN 30 2017 *02*
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