RI SOS Filing Number: 201863602990 Date: 5/4/2018 11:04:00 AM

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

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CORPORATIONS DIV
2018 MAY -4 AM 11:03

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
000149849	**Fletcher Meadows Homeowners Association**
3. State of Incorporation: **RI**	5. Brief description of the character of business conducted in Rhode Island: **For the maintaining of open space, private roads and various other improvements within the Fletcher Meadows at Allens Harbor cluster subdivision in North Kingstown, RI**
4. NAICS Code: **624229 - Other Community Hou**	

6. Principal Office Address	City	State	Zip
284 Wilbert Way	**North Kingstown**	**RI**	**02852**

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

President Name **Beth Burchard**			Vice-President Name **Meg Phelan**		
Street Address **284 Wilbert Way**			Street Address **220 Wilbert Way**		
City **North Kingstown**	State **RI**	Zip **02852**	City **North Kingstown**	State **RI**	Zip **02852**
Secretary Name **Shane Morgan**			Treasurer Name **Stephen Benjamin**		
Street Address **296 Wilbert Way**			Street Address **160 Wilbert Way**		
City **North Kingstown**	State **RI**	Zip **02852**	City **North Kingstown**	State **RI**	Zip **02852284**

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

Director Name Same as above			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
Stephen Benjamin, Treasurer	4/26/18

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

FILED
MAY 04 2018 11:04
BY CR 329972

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

FORM 631 - Revised: 11/2017