



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

FILED

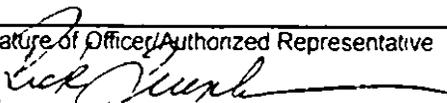
MAY 31 2018

BY 1292

Annual Report for the year: 2018

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 105351		2. Exact name of the Corporation Fieldstone Lane 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 813990 - Other Similar Organizati					
6. Principal Office Address 98 Fieldstone Lane		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 Nicole Grace			Vice-President Name David Greenwood		
Street Address 57 Fieldstone Lane			Street Address 132 Fieldstone Lane		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name Sue Callon			Treasurer Name Rick Quinlivan		
Street Address 93 Fieldstone Lane			Street Address 98 Fieldstone Lane		
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 Caroline Zedella			Director Name Ilias Arsenis		
Street Address 166 Fieldstone Lane			Street Address 174 Fieldstone Lane		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Director Name Maurice Cusick			Director Name		
Street Address 48 Fieldstone Lane			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 Rick Quinlivan				Date 05/26/18	
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.n.gov