



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

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.

FILED
STAMP
 JUN 11 2018
 2131
 BY _____

1. Entity ID Number 792280		2. Exact name of the Corporation Mountain Laurel Homeowners Association of Exeter			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island For the orderly maintenance of the common areas and common roadway			
4. NAICS Code 813990 - Other Similar Organiz:					
6. Principal Office Address 41 Edies Lane		City Exeter	State RI	Zip 02822	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Russell A. Lewis			Vice-President Name Jayne E. Furlong		
Street Address 41 Edies Lane			Street Address 25 Edies Lane		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Secretary Name Jayne E. Furlong			Treasurer Name Jayne E. Furlong		
Street Address 25 Edies Lane			Street Address 25 Edies Lane		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
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 Russell A. Lewis			Director Name Jayne E. Furlong		
Street Address 41 Edies Lane			Street Address 25 Edies Lane		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Director Name Wayne D. Fougere			Director Name		
Street Address 15 Edies Lane			Street Address		
City Exeter	State RI	Zip 02822	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 Jayne E. Furlong				Date 06/08/18	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

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