



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.

1. Entity ID Number 110664		2. Exact name of the Corporation SCHOONER COVE HOMEOWNERS ASSOCIATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island ADMINISTER & MANAGE ASSOCIATION COVENANTS AND BY-LAWS			
4. NAICS Code 813990					
6. Principal Office Address P.O. BOX 472			City NARRAGANSETT	State R.I.	Zip 02882
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name VINCENT CANNON			Vice-President Name GERALD FELDMAN		
Street Address 49 SCHOONER COVE LANE			Street Address 28 ADMIRALS WAY		
City NARRAGANSETT	State R.I.	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
Secretary Name GEORGE SALTER			Treasurer Name JOSEPH C MEISTER JR		
Street Address 39 SCHOONER COVE LANE			Street Address 58 SCHOONER COVE LANE		
City NARRAGANSETT	State R.I.	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
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 KAREN KRAMER			Director Name ERIC WALKER		
Street Address 16 ADMIRALS WAY			Street Address 53 SCHOONER COVE LANE		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
Director Name VINCENT CANNON			Director Name GERALD FELDMAN		
Street Address 49 SCHOONER COVE LANE			Street Address 28 ADMIRALS WAY		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
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 JOSEPH C MEISTER JR				Date 11 JUNE 2018	
Signature of Officer/Authorized Representative Joseph C Meister Jr				FILED ER SCH	

JUN 12 2018

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BY 1211 A.A.

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