



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	

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

JUN 12 2018
 BY 1211 A.A.

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