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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

nual Report for the year:

Annual Report for the year.	2010
Non-Profit Corporation	<u> </u>
→ Filing period: June 1 - June 30	
→ Filing Fee: \$20.00	
-> Penalty: Additional \$25.00 fee if fo	rm is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation					
28355	Cedarfield Homeowners' Association, Inc.					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	A group of homeowners organized to maintain common land					
4. NAICS Code	1					
813910 - Business Associati ▼						
6. Principal Office Address		·	City	State	Zip	
PO Box 221			North Kingstown	RI .	02852	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name Fred Scholz			Vice-President Name Doug Crawford			
Street Address 134 Daniel Drive	Street Address 55 Pin			ree Circle		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852	
Secretary Name Suzanne Stecker			Treasurer Name Suzanne Stecker			
Street Address 144 Pine Tree Cir	rcle Street Address 144 Pine			Free Circle		
City North Kingstown	State RI	^{Zip} 02852	City North Kingstown	State RI	Zip 02852	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name Fred Scholz			Director Name Doug Crawford			
Street Address 134 Daniel Drive			Street Address 55 Pine Tree Circle			
City North Kingstown	State RI	^{Zip} 02852	City North Kingstown	State RI	Zip 02852	
Director Name Suzanne Stecke	r	<u> </u>	Director Name Suzanne Stecker			
Street Address 144 Pine Tree Circle			Street Address 144 Pine Tree Circle			
City North Kingstown	State Ri	^{Zip} 02852	City North Kingstown	State RI	^{Zip} 02852	
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, duty Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative Suzanne Stecker - Secretary/Treasurer			Date June 25, 2018			
Signature of Officer/Authorized Representative						
Sysonie Februs 6/26/18						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov