



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

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SECRETARY OF STATE
CORPORATIONS DIVISION
2018 JUL 18 AM 10:42

1. Entity ID Number 000856478		2. Exact name of the Corporation East Matunuck Farms Homeowners Association	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Declaration of covenants, conditions, restrictions, charges, and liens imposed upon Matunuck Farms.	
4. NAICS Code 813990 - Other Similar Organiz			
6. Principal Office Address 23 Wesquage Drive		City Narragansett	State RI
		Zip 02882	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Mark D. Jacobs, MD		Vice-President Name Elizabeth Chase	
Street Address 31 Snug Harbor Lane		Street Address 26 Snug Harbor Lane	
City Wakefield	State RI	City Wakefield	State RI
Zip 02879		Zip 02879	
Secretary Name Paulette Zuena		Treasurer Name Robert Colucci	
Street Address 45 East Matunuck Farm Dr		Street Address 85 East Matunuck Farm Dr	
City Wakefield	State RI	City Wakefield	State RI
Zip 02879		Zip 02879	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☒			
Director Name Mark D. Jacobs, MD		Director Name Paulette Zuena	
Street Address 31 Snug Harbor Lane		Street Address 45 East Matunuck Farm Dr	
City Wakefield	State RI	City Wakefield	State RI
Zip 02879		Zip 02879	
Director Name Robert Colucci		Director Name James Tetreault	
Street Address 85 East Matunuck Farm Dr		Street Address 44 East Matunuck Farm Dr	
City Wakefield	State RI	City Wakefield	State RI
Zip 02879		Zip 02879	
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 Mark D. Jacobs, M.D., President			Date July 11, 2018
Signature of Officer/Authorized Representative Mark D. Jacobs			FILED

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

JUL 18 2018

BY **CU 3357102**

FORM 631 - Revised: 11/2017

852478

Attachment to Annual Report

8. List ALL directors (names and addresses).		
Director Name Timothy McNamara		
Street Address 20 High Tides Lane		
City Wakefield	State RI	Zip 02879