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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 •	FAILURE TO FIL	E THIS REPORT BY	JULY 30 WILL RESULT IN	A \$25.00 PENALTY	FEE.	
1. Entity ID No.	2. Exact nam	2. Exact name of the Corporation				
126944	Fieldston	Fieldstone WRHA, Inc.				
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island Non-profit set up for the maintenance and operation of neighborhood services.				
			intenance and operation		,	
NATCS	>:	uarterly dues and	payment of common ex	<u> </u>		
5. Principal office address 99999 PO Box			City Coventry	State RI	Zip 02816	
6. LIST ALL OFFICERS (N.	AMES AND ADDR	ESSES) ("X" BOX FOR		 ,		
President Name			Vice-President Name			
			Jackie Lucia			
Street Address			Street Address 81 Fieldstone Drive			
City	State	Zip	City	State	Zip	
<u> </u>			Coventry	RI	02816	
Secretary Name Heather Hosker			Treasurer Name Kevin Rabbitt			
Street Address			Street Address			
14 Fieldstone Drive			51 Fieldstone Drive			
City	State	Zıp	City	State	Zip	
Coventry	RI	02816	Coventry	RI	02816	
7. LIST ALL DIRECTORS ("X" BOX FOR ATTACHM Director Name		HESSES). HHODE ISLA	Director Name	LIST NO LESS THAN	TAREE (3) DIRECTORS	
Dane Kwiatkowski			John Kile			
Street Address 19 Fieldstone Drive			Street Address 82 Fieldstone Drive			
City	State	Zip	City	State	Zip Ciff	
Coventry	RI	02816	Coventry	RI	8 88 —	
Director Name			Director Name		TP PMZ	
Jon Shopac					<u> </u>	
Street Address			Street Address	•	三公 四	
33 Fieldstone Drive		In:		· · · · · · · · · · · · · · · · · · ·	TO CO C <	
City	State	Zip 02016	City	State	Zipc, Ti III	
Coventry	RI	02816				
8. REGISTERED AGENT IN					<u> </u>	
			of State. Changes require file			
This report must be signed b or Trustee	y either the Preside	ent, Vice-President, Secre	atary, Assistant Secretary, Trea. 3:58	surer, duly Authorized F	Hepresentative, Heceiver	
File Date		SEP 2 4 2018	Under penalty of perju this report, including a and that all statements	any accompanying sc	n that I have examined hedules and statements, e true and correct.	
		Nd J	8 5	B. Valle	06/13/18	
By:	ATE HEE ONLY	BYTERI	Signature of Officer or A	authorized Representat	ve Date	
FOR SECRETARY OF ST	AIE USE UNLY	1 '	Dane Kwiatkowsk	(i		

Form No. 631 Revised: 04/2014