



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 FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 126944		2. Exact name of the Corporation Fieldstone WRHA, Inc.			
3. State of Incorporation RI NAICS:		4. Brief description of the character of business conducted in Rhode Island Non-profit set up for the maintenance and operation of neighborhood services. Collect quarterly dues and payment of common expenses to support maintenance.			
5. Principal office address PO Box		City Coventry		State RI	Zip 02816
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name		Vice-President Name Jackie Lucia			
Street Address		Street Address 81 Fieldstone Drive			
City	State	Zip	City	State	Zip
Coventry	RI	02816	Coventry	RI	02816
Secretary Name Heather Hosker		Treasurer Name Kevin Rabbitt			
Street Address 14 Fieldstone Drive		Street Address 51 Fieldstone Drive			
City	State	Zip	City	State	Zip
Coventry	RI	02816	Coventry	RI	02816
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Dane Kwiatkowski		Director Name John Kile			
Street Address 19 Fieldstone Drive		Street Address 82 Fieldstone Drive			
City	State	Zip	City	State	Zip
Coventry	RI	02816	Coventry	RI	02816
Director Name Jon Shopac		Director Name			
Street Address 33 Fieldstone Drive		Street Address			
City	State	Zip	City	State	Zip
Coventry	RI	02816			
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer or Authorized Representative

06/13/18

Date

Dane Kwiatkowski

Print or Type Name of Officer or Authorized Representative