



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
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.

FILED
MAY 20 2019
 BY 1309 OS

1. Entity ID Number 105351		2. Exact name of the Corporation Fieldstone Lane Homeowners Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Homeowners Association			
4. NAICS Code 813990 - Other Similar Organi					
6. Principal Office Address 98 Fieldstone Lane		City Saunderstown	State RI	Zip 02874	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nicole Grace		Vice-President Name David Greenwooe			
Street Address 57 Fieldstone Lane		Street Address 132 Fieldstone Lane			
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name Sue Callori		Treasurer Name Rick Quinlivan			
Street Address 93 Fieldstone Lane		Street Address 98 Fieldstone Lane			
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
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 Carole Zedella		Director Name Ilias Arsenis			
Street Address 166 Fieldstone Lane		Street Address 174 Fieldstone Lane			
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Director Name Maurice Cusick		Director Name			
Street Address 48 Fieldstone Lane		Street Address			
City Saunderstown	State RI	Zip 02874	City	State	Zip
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Rick Quinlivan				Date 5/18/2019	
Signature of Officer/Authorized Representative <i>Rick Quinlivan</i>					

MAIL TO:
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