| State of Rhode Island and Providence Plantations Fee: \$20.00 | | | |
|---|--|--|--|
| Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 | | | |
| Non-Profit Corporation Annual Report Filing Period: June 1 - June 30 In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual | | | |
| report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00. | | | |
| ANNUAL REPORT YEAR: 2019 | | | |
| 1. Corporate ID No. 000060766 | | | |
| 2. Name of Corporation Homestead Mill Condominium Association | | | |
| 3. State of Incorporation | | | |
| State: <u>RI</u> | | | |
| ARTICLE III | | | |
| Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u> | | | |
| NAICS Code | | | |
| <u>813910</u> | | | |
| 4. Corporate Address in Rhode Island | | | |
| No. and Street: <u>10 WEYBOSSET STREET</u> SUITE 403 | | | |
| City or Town:PROVIDENCEState: RIZip:02903Country:USA | | | |
| 5. Foreign Corporation. Enter Principal Office Address | | | |
| No. and Street: | | | |
| City or Town: State: Zip: Country: | | | |
| 6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island | | | |
| CONDUCTING THE BUSINESS OF A CONDOMINIUM ASSOCIATION | | | |
| 7. Names and Addresses of the Officers and Directors: | | | |
| All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete | | | |

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

| Title | Individual Name | Address |
|----------|-----------------------------|---|
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
| DIRECTOR | LEONARD RACHLOW | 15 HIGGINS #116 |
| | | SMITHFIELD, RI 02917 USA |
| DIRECTOR | MONICA MAZZEO | 15 HIGGINS ST. #121 |
| | | SMITHFIELD, RI 02917 USA |
| DIRECTOR | MIKE WALKER MR. | 15 HIGGINS #109 |
| | | SMITHFIELD, RI 02917 USA |
| DIRECTOR | CHARLES GUTGSELL MR. | 15 HIGGINS #110 |
| | | SMITHFIELD, RI 02917 USA |
| DIRECTOR | MICHELLE GRECO | 15 HIGGINS STREET #203 |
| | | SMITHFIELD, RI 02917 USA |

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

LENNY RACHLOW 15 HIGGINS STREET, UNIT 116 SMITHFIELD , RI 02917

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

Signed this 11 Day of June, 2019 at 2:03:40 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By SARAH FLANNIGAN, AS AGENT

Signature of Authorized Person

Form No. 631 Revised 09/07

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