



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.

check # 165  
**FILED**  
 JUN 20 2019  
 165  
 RY

1. Entity ID Number 112720		2. Exact name of the Corporation Rolling MEADOW WAY Association Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Acquired Real Estate in North Kingstown, Rhode Island to be used for recreation or conservation purpose			
4. NAICS Code 531390					
6. Principal Office Address 78 Rolling Meadow way		City North Kingstown	State RI	Zip 02852	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Michael Lannie		Vice-President Name Roger Carthew			
Street Address 28 Rolling Meadow Way		Street Address 81 Rolling Meadow way			
City N. Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name John Colarusso		Treasurer Name Kaven Flynn			
Street Address 64 Rolling Meadow way		Street Address 78 Rolling Meadow way			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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 Rick Lavolette		Director Name Jason Leone			
Street Address 65 Rolling Meadow way		Street Address 31 Rolling Meadow way			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name Alan Hubbard		Director Name None			
Street Address 86 Rolling Meadow way		Street Address <del>XXXXXXXXXX</del>			
City North Kingstown	State RI	Zip 02852	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.					
<b>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.</b>					
<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 Kaven Flynn, Treasurer				Date 6-15-2019	
Signature of Officer/Authorized Representative <i>Kaven Flynn</i>				SIGN DOCUMENT HERE	