RI SOS Filing Number: 201900057970 Date: 6/27/2019 4:00:00 PM

# Department of State - Business Services Division

**Annual Report for the year:** 2019

**Non-Profit Corporation**

→ Filing penod: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

**FILED**
JUN 27 2019
BY 2708

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| 63011 | Four Seasons Mobile Home Cooperative Association |
| 3. State of Incorporation: RI | 5. Brief description of the character of business conducted in Rhode Island: MOBILE HOME PARK |
| 4. NAICS Code: 532100 | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 225 BRAYTON ROAD | TIVERTON | RI | 02878 |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name: MARIO VIEIRA | | | Vice-President Name: LYNN MUNROE | | |
| Street Address: 225 BRAYTON ROAD LOT 101 | | | Street Address: 225 BRAYTON ROAD LOT 203 | | |
| City: TIVERTON | State: RI | Zip: 02878 | City: TIVERTON | State: RI | Zip: 02878 |
| Secretary Name: CHERYL DEAN | | | Treasurer Name: NANCY BRAYTON | | |
| Street Address: 225 BRAYTON ROAD LOT 404 | | | Street Address: 225 BRAYTON ROAD LOT 104 | | |
| City: TIVERTON | State: RI | Zip: 02878 | City: TIVERTON | State: RI | Zip: 02878 |

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| Director Name: ANNETTE FOLTZ | | | Director Name: RICHARD SAUNDERS | | |
| Street Address: 225 BRAYTON ROAD LOT 304 | | | Street Address: 225 BRAYTON ROAD LOT 303 | | |
| City: TIVERTON | State: RI | Zip: 02878 | City: TIVERTON | State: RI | Zip: 02878 |
| Director Name: VLADIMIR HERISSE | | | Director Name: | | |
| Street Address: 225 BRAYTON ROAD LOT 204 | | | Street Address: | | |
| City: TIVERTON | State: RI | Zip: 02878 | 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.***

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

| Name of Officer/Authorized Representative | Date |
|---|---|
| CHERYL DEAN | JUNE 24, 2019 |

Signature of Officer/Authorized Representative: Cheryl Dean — SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040