



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

JUN 27 2019

2708 *[Signature]*

| | | | | | |
|--|-----------------|--|--|------------------------------|---------------------|
| 1. Entity ID Number 63011 | | 2. Exact name of the Corporation 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 53210 | | | | | |
| 6. Principal Office Address 225 BRAYTON ROAD | | | City TIVERTON | State RI | Zip 02878 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 <input type="checkbox"/> | | | | | |
| 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. | | | | | |
| <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 CHERYL DEAN | | | | Date JUNE 24, 2019 | |
| Signature of Officer/Authorized Representative <i>Cheryl Dean</i> | | | | SIGN DOCUMENT HERE | |

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