



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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2019 JUN 28 AM 11:30

1. Entity ID Number 000164311		2. Exact name of the Corporation MC Homeowners, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Organize homeowners' for legal protection adnndfirst right of refusal			
4. NAICS Code 813219 - Other Grantmaking an					
6. Principal Office Address 854 Matunuck Beach Rd			City Wakefield	State RI	Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John DeDonato		Vice-President Name Frank Tassoni			
Street Address 854 Matunuck Beach RD		Street Address 854 Matunuck Beach Rd			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Doreen Montaquila		Treasurer Name Judy Wynn			
Street Address 854 Matunuck Beach Rd		Street Address 854 Matunuck Beach Rd			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 Steve Twitchell		Director Name Frank Tassoni			
Street Address 854 Matunuck Beach Rd		Street Address 854 Matunuck Beach Road			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name John DeDonato		Director Name			
Street Address 854 Matunuck Beach Road		Street Address			
City Wakefield	State RI	Zip 02879	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Judith S. Wynn				Date 6/27/19	
Signature of Officer/Authorized Representative <i>Judith S. Wynn</i>				FILED	
SIGN DOC: JUN 28 2019					
BY <u>WJD3A</u>					

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