



RI SOS Filing Number: 201900920210 Date: 7/1/2019 4:00:00 PM

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.

FILED AMP

JUL 01 2019

BY

1041 DS

1. Entity ID Number <b>000043716</b>		2. Exact name of the Corporation <b>Meadow Tree Farm Compound Homeowners Assoc</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Homeowners Association</b>			
4. NAICS Code <b>813910</b>					
6. Principal Office Address <b>106 Meadow Tree Farm Road</b>		City <b>Saunderstown</b>		State <b>RI</b>	Zip <b>02874</b>
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name <b>John Sanacore</b>			Vice-President Name <b>Susan Slade</b>		
Street Address <b>106 Meadow Tree Farm Road</b>			Street Address <b>106 Meadow Tree Farm Road</b>		
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>
Secretary Name <b>Amy Cottrell</b>			Treasurer Name <b>Diane C DeCesare</b>		
Street Address <b>106 Meadow Tree Farm Road</b>			Street Address <b>106 Meadow Tree Farm Road</b>		
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <b>Jill Kitson</b>			Director Name <b>Karen Black</b>		
Street Address <b>same as above</b>			Street Address <b>same as above</b>		
City	State	Zip	City	State	Zip
Director Name <b>Manuel Vleria</b>			Director Name		
Street Address <b>same as above</b>			Street Address		
City	State	Zip	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>					
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 <b>Diane C DeCesare, Treasurer</b>				Date <b>6/25/2019</b>	
Signature of Officer/Authorized Representative <b>Diane C DeCesare</b>					

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

FORM 631 - Revised: 03/2019