



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 LOY DS

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

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