## Ammended

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

NON-PROFIT CORPORATION			
Cı	orporate ID Numi	ber <u>ND-76470</u>	Annual Report for the year 1998
1.	The name of th	ne corporation is <u>Shad</u>	Lea Woods Homeowners Association, Inc
2.	The state or oth	her jurisdiction under the la	ws of which it is incorporated is RHode Island
3.	The address o		e corporation in this state is, 7630 Post Rd. No. Kingstown
	and the name	of its registered agent in th	is state at that address is Donald M. Gregory II
4.	The character of	of the affairs which it is acti	ually conducting in Rhode Island, briefly stated, is Management
5	If a foreign corp	poration, the address of its	principal office in the state of other jurisdiction under the laws of which it is
	incorporated is		
6.	Corporate addr $R.I$	ess in Rhode Island <u>/00</u> 03852.	Village Hill Lane, North Kingstown,
7. Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R,I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)			
	NAME	OFFICE	ADDRESS
R	andy Joh	وج Director	79 Village Hill Lane No. Kingstown Rel 02852
M	att Bourg		123 Country Hell Lane No. King stown Red 02852
An	thony DiG.	<u>ulio</u> Director	100 Village Hill Lane No. Kingstown Rd 0285
K	andy Jos	nes President	45 Above
N	14H Bourg	eois Vice-Presiden	1 As Above
Ay	thony Dic	Secretary Secretary	As Above
4	nthing De	Treasurer	As Above
Dat	ed: <u>/ 7                                   </u>	14r 99	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.
Filc I	OR SECRETARY OF	STATE USE ONLY,	Shady Lea Woods Home owners Association, Inc.  Exact Name of Corporation  By Alley Williams  Cassala Landa Landa
Check	NoMAR 17 1	<del>999</del>	Title Secretary / Treasurer.  (Report must be signed by an officer)
Ву: _	Bylm		Form No. NP-13 Revised 5/98