STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: $20.00 *

*** In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.**

1. Corporate ID No.	2. Name of Corporation		
121057	Eastover Homeowners Association,		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
Rhode Island	Eastover, 144 Wapping Road	Portsmouth	02871
5. Foreign corporation. Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
Owner's association relating to subdivision, to administer and enforce certain restrictions covenants, easements relating to ownership & maintenance of propertie

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Ms. Katherine A. Fields	Not applicable
Street Address	Street Address
144 Wapping Road	
City / State / Zip	City / State / Zip
Portsmouth / RI / 02871	
Secretary Name	Treasurer Name
Mr. Jeffrey Siegal	Ms. Margot Ceres
Street Address	Street Address
227 Eastover Road	423 Purgatory Road
City / State / Zip	City / State / Zip
Portsmouth / RI / 02871	Middletown / RI / 02842

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name	Director Name
Ms. Katherine Fields	Mr. Jeffrey Siegal
Street Address	Street Address
same as above	same as above
City / State / Zip	City / State / Zip
Director Name	Director Name
Ms. Margot Ceres	
Street Address	Street Address
Same as above	
City / State / Zip	City / State / Zip

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name	Address	
Katherine Field	Eastover, 144 Wapping Road	
Address	City	Zip
	Portsmouth	02871

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

FILED
File Date MAY 11 2006
Check No. By
By:
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer *Date*

KATHERINE A. FIELD
Print or Type Name of Officer

PRESIDENT
Title of Officer

[redacted]

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

***Filing Period:** June 1 - June 30 • **Filing Fee:** $20.00*
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No	2. Name of Corporation		
121057	Eastover Homeowners Association, Inc.		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RHODE ISLAND	144 Wapping Road	Portsmouth	02871
5. Foreign corporation. Enter principal office address	City	State	Zip
—	—	—	—

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
THE FORMATION OF AN OWNER'S ASSOCIATION

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
Katherine A. Field	—
Street Address	Street Address
144 Wapping Road	—
City / State / Zip	City / State / Zip
Portsmouth RI 02871	
Secretary Name	Treasurer Name
David Markell	Margo Ceres
Street Address	Street Address
35 EASTOVER Rd.	423 Purgatory Road
City / State / Zip	City / State / Zip
Portsmouth RI 02871	Middletown RI 02842

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name	Director Name
Katherine A. Field	Margo Ceres
Street Address	Street Address
144 Wapping Road	423 Purgatory Road
City / State / Zip	City / State / Zip
Portsmouth RI 02871	Middletown RI 02842
Director Name	Director Name
David Markell	
Street Address	Street Address
35 Eastover Road	
City / State / Zip	City / State / Zip
Portsmouth RI 02871	

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name	Address		
KATHERINE FIELD	EASTOVER		
Address	City	Zip	
144 WAPPING ROAD	PORTSMOUTH	02871-	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

* 1 2 1 0 5 7 *

File Date	8.23.04
Check No.	138
By:	DC

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Signature of Officer — Date

KATHERINE A. Field
Print or Type Name of Officer

President
Title of Officer

Form 631 Rev. 04/04

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: June 1 - June 30 ● Filing Fee: $20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
121057	Eastover Homeowners Association, Inc.		
3. State of Incorporation	4. Corporate address in Rhode Island -Street Address	City	Zip
RHODE ISLAND	144 Wapping Road	Portsmouth	02871
5. Foreign corporation: Enter principal office address	City	State	Zip
—	—	—	—

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
THE FORMATION OF AN OWNER'S ASSOCIATION

7. NAMES AND ADDRESSES OF THE OFFICERS (X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: Katherine Field	Vice President Name:
Street Address: 144 Wapping Road	Street Address:
City: Portsmouth State: RI Zip: 02871	City: State: Zip:
Secretary Name: David Markell	Treasurer Name: Margo Ceres
Street Address: 35 Eastover Road	Street Address: 423 Purgatory Road
City: Portsmouth State: RI Zip: 02871	City: Middletown State: RI Zip: 02842

8. NAMES AND ADDRESSES OF THE DIRECTORS (X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3) R.I.G.L. 7-6-23

Director Name: Katherine Field	Director Name:
Street Address: 144 Wapping Road	Street Address:
City: Portsmouth State: RI Zip: 02871	City: State: Zip:
Director Name: David Markell	Director Name: Margo Ceres
Street Address: 35 Eastover Road	Street Address: 423 Purgatory Road
City: Portsmouth State: RI Zip: 02871	City: Middletown State: RI Zip: 02842

9. REGISTERED AGENT IN RHODE ISLAND -DO NOT ALTER. Changes require filing of Form 641, R.I.G.L. 7-6-13 & 7-6-14

Agent Name	Address		
KATHERINE FIELD	144 WAPPING ROAD		
Address	City	Zip	
EASTOVER	PORTSMOUTH	02871-	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

121057

121057 DNP5/14/03 16:38 PM
File Date 5-14-03
Check No. 1220
By
FOR SECRETARY OF STATE USE ONLY

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.

Katherine Field 5/14/03
Signature of Officer Date

Katherine A. Field
Print or Type Name of Officer

[redacted] President.
Title of Officer

Form 631 Rev. 6/02

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: June 1 - June 30 ● Filing Fee: $20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
121057	Eastover Homeowners Association, Inc.		
3. State of Incorporation	4. Corporate address in Rhode Island -Street Address	City	Zip
RHODE ISLAND	144 Wapping Road	Portsmouth	02871
5. Foreign corporation: Enter principal office address	City	State	Zip
—	—	—	—

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
THE FORMATION OP AN OWNER'S ASSOCIATION

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
Katherine Field	—
Street Address	Street Address
144 Wapping Road	—
City / State / Zip	City / State / Zip
Portsmouth / RI / 02871	— / — / —
Secretary Name	**Treasurer Name**
David Markell	Margo Ceres
Street Address	Street Address
35 Eastover Road	423 Purgatory Road
City / State / Zip	City / State / Zip
Portsmouth / RI / 02871	Middletown / RI / 02842

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3) R.I.G.L. 7-6-23

Director Name	Director Name
Katherine Field	—
Street Address	Street Address
144 Wapping Road	—
City / State / Zip	City / State / Zip
Portsmouth / RI / 02871	— / — / —
Director Name	**Director Name**
David Markell	Margo Ceres
Street Address	Street Address
35 Eastover Road	423 Purgatory Road
City / State / Zip	City / State / Zip
Portsmouth / RI / 02871	Middletown / RI / 02842

9. REGISTERED AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 641 R.I.G.L. 7-6-13 | 7-6-18

Agent Name	Address	
KATHERINE FIELD	144 WAPPING ROAD	
Address	**City**	**Zip**
EASTOVER	PORTSMOUTH	02871-

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

*121057

*121057 DNP 5/11/035 15 [illegible]
File Date 6-13-03
Check No. 1123
$ 20
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer — Date 6/14/03

Katherine A. Field
Print or Type Name of Officer

[redacted] President.
Title of Officer

Form 631 Rev. 6/02