



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2021

FILED

JUN 04 2021

1520

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 52112		2. Exact name of the Corporation Mountain Laurel Estates Homeowners Association, Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Manage the affairs of the corporation	
4. NAICS Code 813990			
6. Principal Office Address P.O. Box 487		City North Kingstown	State RI
		Zip 02852	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Michael Rosendale		Vice-President Name Tricia Ruales	
Street Address 42 Laurel Ridge Lane		Street Address 331 Laurel Ridge Lane	
City North Kingstown	State RI	City North Kingstown	State RI
Zip 02852		Zip 02852	
Secretary Name Renee Kent		Treasurer Name Lynn Beatty	
Street Address 47 Tamarack Circle		Street Address 32 Carrie Lane	
City North Kingstown	State RI	City North Kingstown	State RI
Zip 02852		Zip 02852	
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 Michael Rosendale		Director Name Tricia Ruales	
Street Address 42 Laurel Ridge Lane		Street Address 331 Laurel Ridge Lane	
City North Kingstown	State RI	City North Kingstown	State RI
Zip 02852		Zip 02852	
Director Name Renee Kent		Director Name Lynn Beatty	
Street Address 47 Tamarack Circle		Street Address 32 Carrie Lane	
City North Kingstown	State RI	City North Kingstown	State RI
Zip 02852		Zip 02852	
9. The Registered Agent information of record with the RI Department of State is accurate. 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.			
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 Lynn Beatty / Treasurer			Date 6/1/21
Signature of Officer/Authorized Representative Lynn Beatty			

MAIL TO:

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