RI SOS Filing Number: 202198833150 Date: 6/28/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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.

JUN 28 2021

BY

1. Entity ID Number	2. Exact name of the Corporation
88102	**Mockingbird Estate Homeowners' Association, Inc.**
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Management of residential subdivision common land
4. NAICS Code: 813910 - Business Association	

6. Principal Office Address	City	State	Zip
c/o Moses Ryan Ltd., 40 Westminster Street, 9th Floor	Providence	RI	02903

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Lauren Bush			Vice-President Name: Nicole Marchesseault		
Street Address: 104 Mockingbird Drive			Street Address: 54 Mockingbird Drive		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852
Secretary Name: Christine Mohan			Treasurer Name: Christine Mohan		
Street Address: 63 Mockingbird Drive			Street Address: 63 Mockingbird Drive		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Lauren Bush			Director Name: Nicole Marchesseault		
Street Address: 104 Mockingbird Drive			Street Address: 54 Mockingbird Drive		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852
Director Name: Christine Mohan			Director Name:		
Street Address: 63 Mockingbird Drive			Street Address:		
City: North Kingstown	State: RI	Zip: 02852	City:	State:	Zip:

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	Date
Lauren Bush	6/19/2021

Signature of Officer/Authorized Representative: Lauren M. Bush

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: 08/2020