



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021

JUL 02 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.

BY 1353

1. Entity ID Number 105351		2. Exact name of the Corporation Fieldstone Lane Homeowners Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Homeowners Association			
4. NAICS Code 813990 - Other Similar Organiza					
6. Principal Office Address 110 Fieldstone Lane		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 Suzanne Senechal			Vice-President Name David Greenwood		
Street Address 83 Fieldstone Lane			Street Address 132 Fieldstone Lane		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name Meghan McDonough			Treasurer Name Melanie Mendoza		
Street Address 156 Fieldstone Lane			Street Address 110 Fieldstone Lane		
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 Mark Zedella			Director Name Ilias Arsenis		
Street Address 166 Fieldstone Lane			Street Address 174 Fieldstone Lane		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Director Name Maurice Cusick			Director Name		
Street Address 48 Fieldstone Lane			Street Address		
City Saunderstown	State RI	Zip 02874	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Melanie S. Mendoza				Date 6/29/2021	
Signature of Officer/Authorized Representative 					

MAIL TO:
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