



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

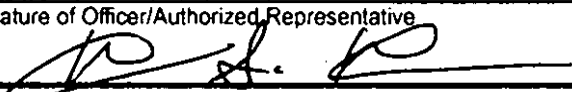
**Annual Report for the year: 2021**

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 <b>105351</b>		2. Exact name of the Corporation <b>Fieldstone Lane Homeowners Association</b>			
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). <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly 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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