| ſ | | | | |
|---|---|--------|--|--|
| R | State of Rhode Island Office of the Secretary of State | No Fee | | |
| | Division Of Business Services | | | |
| | 148 W. River Street | | | |
| | Providence RI 02904-2615 | | | |
| 1636 | (401) 222-3040 | | | |
| Domestic Non-Profit Annual Report - Amended Filing Period: February 1 - May 1 | | | | |
| In accordance with R.I.G.L. 7-1.2-1501(e), 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. | | | | |
| This form is only to be used to amend the current annual report on file with this office. | | | | |
| ANNUAL REPORT YEAR: 2023 | | | | |
| 1. Corporate ID No. 000856478 | | | | |
| 2. Name of Corporation EAST MATUNUCK FARMS HOMEOWNERS ASSOCIATION | | | | |
| NAICS CODE | | | | |
| Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u> | | | | |
| NAICS Code | | 1 | | |
| 813990 | | | | |
| 3. State of Incorporation | | | | |
| State: <u>RI</u> | | | | |
| 4. Corporate Address in Rhode Island | | | | |
| No. and Street: | <u>20 HIGH TIDES LANE</u> C/O TIMOTHY MCNAMARA | | | |
| City or Town: | \underline{W} \underline{W} \underline{W} \underline{W} \underline{W} \underline{W} \underline{W} \underline{W} \underline{V} \underline{U} U | JSA | | |
| 6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island | | | | |
| DECLARATION OF COVENANTS CONDITIONS RESTRICTIONS CHARGES AND LIENS IMPOSED UPON EAST MATUNUCK FARMS | | | | |
| | | | | |
| 7. Names and Addresses of the Officers and Directors: | | | | |
| All officers and directors must be listed. If officers and/or directors have been elected, the title | | | | |

Incorporator is no longer applicable; please delete

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

7-6-23

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|-----------|--|--|
| PRESIDENT | TIMOTHY MCNAMARA | 20 HIGH TIDES LANE WAKEFIELD, RI 02879 USA |
| SECRETARY | MARK JACOBS | 31 SNUG HARBOR LANE WAKEFIELD, RI 02879 USA |
| TREASURER | FRANCES MCKENDALL | 84 EAST MATUNUCK FARM DR WAKEFIELD, RI 02879 USA |
| DIRECTOR | MATTHEW OLIVERIO | 186 EAST MATUNUCK FARM DRIVE WAKEFIELD, RI 02879 USA |
| DIRECTOR | DEBORAH IZZO | 16 HIGH TIDES LANE WAKEFIELD, RI 02879 USA |
| DIRECTOR | DONNA M COLUCCI | 85 EAST MATUNUCK FARM DRIVE WAKEFIELD, RI 02879 |

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

DOUGLAS RUBINSTEIN 155 EAST MATUNUCK FARM DRIVE WAKEFIELD , RI 02879

Signed this 15 Day of January, 2024 at 10:45:52 AM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By FRANCES O. MCKENDALL

Signature of Authorized Person

Form No. 631 Revised 09/07

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