



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

FEB 14 2024
103

- Filing period: February 1 - May 1
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000112720		2. Exact name of the Corporation Rolling Meadow Way Association Inc.	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island ACQUIRED Real estate in North Kingstown, RI to be used for reputation or conservation purposes	
4. NAICS Code 531390			
6. Principal Office Address 78 Rolling Meadow Way		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 Lannie		Vice-President Name Robert O'Brien	
Street Address 28 Rolling Meadow Way		Street Address 64 Rolling Meadow Way	
City North Kingstown	State RI	City North Kingstown	State RI
Zip 02852		Zip 02852	
Secretary Name Deb Hubbard		Treasurer Name Karen Flynn	
Street Address 86 Rolling Meadow Way		Street Address 78 Rolling Meadow Way	
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 Rick Lavolette		Director Name Steven Francasio	
Street Address 65 Rolling Meadow Way		Street Address 81 Rolling Meadow Way	
City North Kingstown	State RI	City North Kingstown	State RI
Zip 02852		Zip 02852	
Director Name Alan Hubbard		Director Name	
Street Address 86 Rolling Meadow Way		Street Address	
City North Kingstown	State RI	City	State
Zip 02852		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 Karen Flynn, Treasurer			Date 2/14/2024
Signature of Officer/Authorized Representative Karen Flynn			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov