State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

FEB 14 2024
1103

→ 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	2. Exact name of the Corporation
000112720	Rolling Meadow Way Association Inc.
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
Rhode Island	ACQUIRED Real estate in North Kingstown, RI to be used for recreation or conservation purpose
4. NAICS Code	
531390	

6. Principal Office Address	City	State	Zip
78 Rolling Meadow Way	North Kingstown	RI	02852

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

President Name	Vice-President Name
Michael Lannie	Robert O'Brien
Street Address 28 Rolling Meadow Way	**Street Address** 64 Rolling Meadow Way
City North Kingstown **State** RI **Zip** 02852	**City** North Kingstown **State** RI **Zip** 02852
Secretary Name Deb Hubbard	**Treasurer Name** Karen F Lynn
Street Address 86 Rolling Meadow Way	**Street Address** 78 Rolling Meadow Way
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	Director Name
Rick Laviolette	Steven Francazio
Street Address 105 Rolling Meadow Way	**Street Address** 81 Rolling Meadow Way
City North Kingstown **State** RI **Zip** 02852	**City** North Kingstown **State** RI **Zip** 02852
Director Name Alan Hubbard	**Director Name**
Street Address 86 Rolling Meadow Way	**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
Karen F Lynn, Treasurer	2/4/2024
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