



State of Rhode Island
Department of State - Business Services Division

FILED

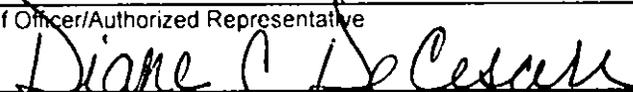
MAR 04 2024

BY 

Annual Report for the year: 2024

Non-Profit Corporation

- 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 000043716		2 Exact name of the Corporation Meadow Tree Farm Compound Homeowners Association			
3 State of Incorporation RI		5 Brief description of the character of business conducted in Rhode Island homeowners' association			
4. NAICS Code 813910					
6. Principal Office Address 106 Meadow Tree Farm Road			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 John Sanacore		Vice-President Name Susan Coughlin			
Street Address 106 Meadow Tree Farm Road		Street Address 106 Meadow Tree Farm Road			
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name Karen Black		Treasurer Name Diane C DeCesare			
Street Address 106 Meadow Tree Farm Road		Street Address 106 Meadow Tree Farm Road			
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 Paul Chmura		Director Name Kendra Ulmschneider			
Street Address same as above		Street Address same as above			
City	State	Zip	City	State	Zip
Director Name Amy Cottrell		Director Name			
Street Address same as above		Street Address			
City	State	Zip	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, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Diane C DeCesare, Treasurer				Date 2/29/24	
Signature of Officer/Authorized Representative 					

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