



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.					
<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 <b>Diane C DeCesare, Treasurer</b>					Date <b>2/29/24</b>
Signature of Officer/Authorized Representative 					

MAIL TO:  
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