



**State of Rhode Island**  
**Department of State - Business Services Division**

FILED

Annual Report for the year: 2025

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.

APR 22 2025  
BY 1103  
QA

1. Entity ID Number 000088102		2. Exact name of the Corporation Mockingbird Estates Homeowners' Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Management of residential subdivision of common land.			
4. NAICS Code 813910 - Business Assoc.					
6. Principal Office Address 40 Westminster St. c/o Moses Ryan LTD 9th Floor		City Providence		State RI	Zip 02903
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Lauren Bush			Vice-President Name Mary-Anne Clarke		
Street Address 104 Mockingbird Drive			Street Address 76 Mockingbird Drive		
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI	Zip 02852
Secretary Name Christine Mohan			Treasurer Name Christine Mohan		
Street Address 63 Mockingbird Drive			Street Address 63 Mockingbird Drive		
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Lauren Bush			Director Name Mary-Anne Clarke		
Street Address 104 Mockingbird Drive			Street Address 76 Mockingbird Drive		
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI	Zip 02852
Director Name Christine Mohan			Director Name		
Street Address 63 Mockingbird Drive			Street Address		
City N. 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 Lauren M. Bush				Date 4/18/2025	
Signature of Officer/Authorized Representative <i>Lauren M. Bush</i>					

MAIL TO:  
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