State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of St
Corporations Divisi
148 W. River Str
Providence, RI 02904-26
401.222.30

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: $20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
**** In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation		
148606	HOG ISLAND SOUTH END ASSOCIATION, INC.		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
Rhode Island	15 Westonia Avenue	Warwick	02889
5. **Foreign corporation.** Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
Management of homeowners' association and association property

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
~~Richard Pretat~~	Marcia Baube
Street Address: 324 West Main Road	Street Address: 1243 Sound Shore Drive
City: Portsmouth / State: RI / Zip: 02871	City: Edenton / State: NC / Zip: 27932
Secretary Name: Dwight Coleman	**Treasurer Name:** Alan Justin
Street Address: 232 Orchard Woods Drive	Street Address: 18 Nelson Avenue
City: Saunderstown / State: RI / Zip: 02874	City: Saratoga Springs / State: NY / Zip: 12866

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. REGISTERED AGENT IN RHODE ISLAND DO NOT ALTER. Changes require filing of Form 641. R.I.G.L. 7-6-13 / 7-6-78

Agent Name	Address		
DONALD M. GREGORY II, ESQ.			
Address: 20 Oakdale Road	City: North Kingstown	Zip: 02852	

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 

[redacted]

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.

Signature of Officer — *Date* 6/16/08

Alan Justin
Print or Type Name of Officer

[redacted] Treasurer
Title of Officer

File Date: FILED
Check No.
JUN 24 2008
By
FOR SECRETARY OF STATE USE ONLY

Form 631 Rev. 12/06