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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-26
401.222.30

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

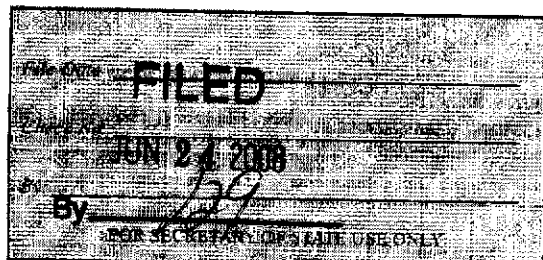
Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 148606		2. Name of Corporation HOG ISLAND SOUTH END ASSOCIATION, INC.	
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address 15 Westonia Avenue	
		City Warwick	Zip 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 Richard Pretat		Vice President Name Marcia Baube	
Street Address 324 West Main Road		Street Address 1243 Sound Shore Drive	
City Portsmouth	State RI	City Edenton	State NC
Zip 02871		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	City Saratoga Springs	State NY
Zip 02874		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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. REGISTERED AGENT IN RHODE ISLAND DO NOT ALTER Changes require filing of Form 691 R.I.G.L. 7-6-15 / 7-6-78			
Agent Name DONALD M. GREGORY II, ESQ.		Address	
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



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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 [signature] Date 6/14/08

Alan Justin
Print or Type Name of Officer

Treasurer
Title of Officer