



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 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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. 91039 | | 2. Name of Corporation KENYON FARMS CONDOMINIUM ASSOCIATION | | | |
| 3. State of Incorporation RHODE ISLAND | | 4. Corporate address in Rhode Island - Street Address 133 OLD TOWER HILL ROAD, STE. 1 | | City WAKEFIELD | Zip RI |
| 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 PRESERVATION AND CONTROL OF THE KENYON FARMS CONDOMINIUM IN THE TOWN OF NARRAGANSETT | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name RAYMOND S. KAGELS | | | Vice President Name LINDA K. JOHNSON | | |
| Street Address 71 KENYON FARMS ROAD | | | Street Address 6118 MONTEGO BAY LOOP | | |
| City NARRAGANSETT | State RI | Zip 02882 | City FT. MEYERS | State fl | Zip 33908 |
| Secretary Name ROBERT K. KAGELS | | | Treasurer Name RAYMOND S. KAGELS | | |
| Street Address 632 PARK ROAD | | | Street Address PO BOX 575 | | |
| City W. HARTFORD | State CT | Zip 16107 | City WAKEFIELD | State RI | Zip 02880-0575 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 SAME AS ABOVE | | | 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 | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78 | | | | | |

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

91039

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|---------------------------------|-------------|
| FILED | |
| File Date | JUN 13 2011 |
| Check No. | 1503 |
| By: | BY |
| FOR SECRETARY OF STATE USE ONLY | |

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.

Raymond S. Kagels 6/6/11
Signature of Officer Date

RAYMOND S. KAGELS

Print or Type Name of Officer

PRESIDENT

Title of Officer