

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

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.

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1. Corporate ID No	2. Name of Gorp	2. Name of Corporation				
31213		Sheeps Meadow Association				
3. State of Incorporation	≠. Corporate ad	+. Corporate address in Rhode Island - Street Address City Zip				
Rhode Island	Corn Neck	Road (P. O. Box 143	37)	Block Island	02807	
5. Foreign corporation. Enter principal office address			City	Stene	Zip	
6. Brief Description of the ch	aracter of the affairs whic	h are actually conducted in R	bode Island			
		land area in colony of				
7. NAMES AND ADDE	RESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) 🔲 FILL IN SPA	CES BEFORE USING ATTA	CHMENTS	
President Name			Vice President Name			
Heidi Holever						
Street Address			Street Address			
77 Maryanne Drive						
G#(r	State	Zip	Giţv	State	Ziji	
Coventry	CT	06238				
Secretary Name			Treasurer Name			
Kevin Hassey			Heidi Holever			
Street Address 3713 Center Street			Street Address 77 Maryanne Drive			
СЩ	State	ΖΨ	City	State	Zil)	
Cincinnati	ОН	45227	Coventry	СТ	06238	
8. NAMES AND ADDR	ESSES OF THE DIR	ECTORS: ("X" BOX FOR	ATTACHMENT) FILL IN SPA	CES BEFORE USING ATTA	CHMENTS	
THE NUMBER OF DII	RECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL	NOT BE LESS THAN THRE	SE (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Michael Keating			Robert Agricola			
Street Address			Street Address			
P. O. Box 636			P. O. Box 1148			
City	State	Zip	City	State	Zip	
Block Island	RI	02807	Block Island	RI	02807	
Director Name Michael Hundt			Director Name	NHA		
Street Address			Street Address			
P. O. Box 636	•		ļ	•		
City	State	Zip	City	State	Zip	
Block Island	RI	02807	Į .			
9. REGISTERED AGEN	T IN RHODE ISLAN					
This information is curre	ently of record in the		f State. Changes require filing of	of Form 641 - R.I.G.L. 7-6-13	· /7-6-78	
	manual has also and t	Tell of Parising	*			

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

	FLED
File Date	
Cheek No.	JUN 1 6 2011
By: BY	1009

31213

Under penalty of perjury, I declare and affirm that I report, including any accompanying schedules and statement contained herein are true and correct.	I have examined this atements, and that all
Neidi M. Holwer	6/10/11
Signature of Officer Heidi Holever	Date
Print or Type Name of Officer President & Treasurer	
Title of Officer •	