



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. 48290		2. Name of Corporation BONNIEFIELD ACRES ASSOCIATION, INC			
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 500 NECK ROAD		City TIVERTON	Zip 02878
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 <input checked="" type="checkbox"/>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name GARY HANSON			Vice President Name PHYLLIS ROWLAND		
Street Address 560 NECK ROAD			Street Address 489 NECK ROAD		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
Secretary Name CECIL LEONARD			Treasurer Name CECIL LEONARD		
Street Address 500 NECK ROAD			Street Address 500 NECK ROAD		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
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 PLEASE SEE NAMES OF OFFICERS ABOVE WHO ALSO			Director Name		
Street Address LEAVE AS DIRECTORS			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

FILED

File Date **JUN 21 2011**
 Check No. **BY 319**
 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.

Cecil E. Leonard 6/20/2011
 Signature of Officer Date
CECIL E. LEONARD
 Print or Type Name of Officer
SECRETARY/TREASURER
 Title of Officer