



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.<br>148606  |             | 2. Name of Corporation<br>HOG ISLAND SOUTH END ASSOCIATION, INC.          |  |                 |              |
| 3. State of Incorporation<br>RHODE ISLAND  |             | 4. Corporate address in Rhode Island - Street Address<br>15 WESTONIA LANE |  | City<br>WARWICK | Zip<br>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<br>MANAGEMENT OF HOMEOWNERS ASSOCIATION PROPERTY |             |   |  |                 |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                  |             |   |  |                 |              |
| President Name<br>AUERY SEAMAN   |             |   | Vice President Name<br>BRUCE FAIRCHILD |                 |              |
| Street Address<br>289 FREEBORN ST.   |             |   | Street Address<br>130 EDISON ROAD      |                 |              |
| City<br>PORTSMOUTH   | State<br>RI | Zip<br>02871  | City<br>SPARTA                         | State<br>NJ     | Zip<br>07871 |
| Secretary Name<br>WENDY FARR   |             |   | Treasurer Name<br>HENRY BARNEY         |                 |              |
| Street Address<br>35 STATE ST.   |             |   | Street Address<br>15 WESTONIA LANE     |                 |              |
| City<br>WARREN   | State<br>RI | Zip<br>02885  | City<br>WARWICK                        | State<br>RI     | Zip<br>02889 |
| 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<br>CHARLOTTE JUSTIN  |             |   | Director Name<br>JUDITH SEAMAN         |                 |              |
| Street Address<br>18 NELSON AVE  |             |   | Street Address<br>289 FREE BORN STREET |                 |              |
| City<br>SARATOGA SPRMS   | State<br>NY | Zip<br>12866  | City<br>PORTSMOUTH                     | State<br>RI     | Zip<br>02871 |
| Director Name<br>MARCIA HESS   |             |   | Director Name                          |                 |              |
| Street Address<br>P.O. BOX 763   |             |   | Street Address                         |                 |              |
| City<br>BRISTOL  | State<br>RI | Zip<br>02809  | 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

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20 OCT - 7 AM 10:30

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File Date \_\_\_\_\_

Check No. OCT 07 2011

By: C 153816

**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.

*Henry Barney* 10-7-11  
Signature of Officer Date

HENRY BARNEY  
Print or Type Name of Officer

TREASURER  
Title of Officer