



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. 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 LANE		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 PROPERTY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name AUERY SEAMAN			Vice President Name BRUCE FAIRCHILD		
Street Address 289 FREEBORN ST.			Street Address 130 EDISON ROAD		
City PORTSMOUTH	State RI	Zip 02871	City SPARTA	State NJ	Zip 07871
Secretary Name WENDY FARR			Treasurer Name HENRY BARNEY		
Street Address 35 STATE ST.			Street Address 15 WESTONIA LANE		
City WARREN	State RI	Zip 02885	City WARWICK	State RI	Zip 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 CHARLOTTE JUSTIN			Director Name JUDITH SEAMAN		
Street Address 18 NELSON AVE			Street Address 289 FREE BORN STREET		
City SARATOGA SPRMS	State NY	Zip 12866	City PORTSMOUTH	State RI	Zip 02871
Director Name MARCIA HESS			Director Name		
Street Address P.O. BOX 763			Street Address		
City BRISTOL	State RI	Zip 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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File Date	FILED
Check No.	OCT 07 2011
By:	C 153816
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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 _____ Date 10-7-11
 HENRY BARNEY
 Print or Type Name of Officer
 TREASURER
 Title of Officer