



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>17213</u>		2. Exact name of the Corporation <u>NORTH FARM HOME OWNERS ASSOCIATION</u>		
3. Principal office address <u>1359 Hope Street</u>		City <u>BRISTOL</u>	State <u>RI</u>	Zip <u>02809</u>
4. Business Phone No. <u>(401) 253-4218</u>		5. State of Incorporation <u>RHODE ISLAND</u>		
6. Brief description of the character of business conducted in Rhode Island <u>CONDO ASSOCIATION</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <u>PAUL TWELVES</u>		Vice-President Name <u>DEAN WOOD</u>		
Street Address <u>341 SPINNAKER LANE</u>		Street Address <u>266 NORTH FARM DRIVE</u>		
City <u>BRISTOL</u>	State <u>RI</u>	Zip <u>02809</u>	City <u>BRISTOL</u>	State <u>RI</u>
Secretary Name <u>FOSTER KNIGHT</u>		Treasurer Name <u>KILEEN SANDERSON</u>		
Street Address <u>33 SEA BREEZE LN</u>		Street Address <u>435 PADDLE LN</u>		
City <u>BRISTOL</u>	State <u>RI</u>	Zip <u>02809</u>	City <u>BRISTOL</u>	State <u>RI</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <u>NONE</u>		Director Name <u>NONE</u>		
Street Address <u>NONE</u>		Street Address <u>NONE</u>		
City <u>NONE</u>	State <u>NONE</u>	Zip <u>NONE</u>	City <u>NONE</u>	State <u>NONE</u>
Director Name <u>NONE</u>		Director Name <u>NONE</u>		
Street Address <u>NONE</u>		Street Address <u>NONE</u>		
City <u>NONE</u>	State <u>NONE</u>	Zip <u>NONE</u>	City <u>NONE</u>	State <u>NONE</u>
9. SHARES AUTHORIZED <u>500 NO PAR VALUE</u>				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES <u>300</u>	CLASS/SERIES	PAR VALUE <u>-0-</u>

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date _____
 Check No FEB 07 2012
 By: 3122

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.

PAUL TWELVES 2/3/12
 Signature of Authorized Representative Date

PAUL TWELVES
 Print or Type Name of Authorized Representative

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