



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 72893		2. Exact name of the Corporation SWEET ALLEN FARM HOMEOWNERS ASSOCIATION			
3. State of Incorporation Rhode Island		4. Corporate Address in RI - Street Address 133 Old Tower Hill Road		City Wakefield	Zip 02879
5. Foreign corporation. Enter principal office address		City		State	Zip
6. Brief description of the character of business conducted in Rhode Island To provide an entity for the furtherance of the interests of lot owners					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name William J. Hodge, III			Vice-President Name Joseph Collins		
Street Address 100 Foster Sheldon Road			Street Address 61 Foster Sheldon Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Linda Redmond			Treasurer Name Donna Hazelhurst		
Street Address 251 Sweet Allen Farm Road			Street Address 58 Foster Sheldon Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Kenneth Woods			Director Name Ronald Schwartz		
Street Address 79 Sweet Allen Farm Road			Street Address 272 Sweet Allen Farm Road, #A2		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Beverly Waltes			Director Name David O'Hara		
Street Address 260 Sweet Allen Farm Road, #B1			Street Address 65 Weathervane Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
9. REGISTERED AGENT IN RHODE ISLAND					
This Information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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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

Print or Type Name of Officer

Title of Officer