



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. 91039		2. Exact name of the Corporation KENYON FARMS CONDOMINIUM ASSOCIATION			
3. State of Incorporation RHODE ISLAND		4. Corporate Address in RI - Street Address 133 OLD TOWER HILL RD., STE. 1		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 Preservation and control of the Kenyon Farms Condominium					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name RAYMOND S. KAGELS			Vice-President Name LINDA K. JOHNSON		
Street Address 71 KENYON FARMS ROAD			Street Address 6118 MONTEGO BAY LOOP		
City NARRAGANSETT	State RI	Zip 02882	City FT. MEYERS	State FL	Zip 33908
Secretary Name ROBERT K. KAGELS			Treasurer Name RAYMOND S. KAGELS		
Street Address 632 PARK ROAD			Street Address PO BOX 575		
City W. HARTFORD	State CT	Zip 16107	City WAKEFIELD	State RI	Zip 02880
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name RAYMOND S. KAGELS			Director Name LINDA K. JOHNSON		
Street Address 71 KENYON FARMS ROAD			Street Address 6118 MONTEGO BAY LOOP		
City NARRAGANSETT	State RI	Zip 02882	City FT. MEYERS	State FL	Zip 33908
Director Name ROBERT K. KAGELS			Director Name RAYMOND S. KAGELS		
Street Address 632 PARK ROAD			Street Address PO BOX 575		
City W. HARTFORD	State CT	Zip 16107	City WAKEFIELD	State RI	Zip 02880
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
 JUN 13 2012
 1625

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.

Raymond S. Kagels 6/1/12
 Signature of Officer Date

Raymond S. Kagels

Print or Type Name of Officer

President

Title of Officer