RI SOS Filing Number: 201294127020 Date: 06/18/2012 4:00 PM

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/business

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.	2. Exact name of the Corporation
52982	SUNNYBROOK FARM PROPERTY OWNERS ASSOC
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	TO MAINTAIN AND REPAIR REAL ESTATE

5. Principal office address	City	State	Zip

. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
BOB SILVIA	DAN MURPHY
Street Address: 211 SUNNYBROOK FARM RD	Street Address: 205 SUNNY BROOK FARM RD
City: NARRAGANSETT, State: RI, Zip: 02882	City: NARR, State: RI, Zip: 02882
Secretary Name	**Treasurer Name**
LINDA WINN	ROBERT SAABYE
Street Address: 242 SUNNYBROOK FARM RD	Street Address: 235 SUNNYBROOK FARM RD
City: NARR, State: RI, Zip: 02882	City: NARA, State: RI, Zip: 02882

. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
COOPER WINN	CHARLOTTE SILVIA
Street Address: 242 SUNNYBROOK FARM RD	Street Address: 211 SUNNYBROOK FARM RD
City: NARR, State: RI, Zip: 02882	City: NARR, State: RI, Zip: 02882
Director Name	**Director Name**
ROBERT SILVIA	
Street Address: 211 SUNNYBROOK FARM RD	Street Address:
City: NARR, State: RI, Zip: 02882	City: , State: , Zip:

. 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

FILED
JUN 18 2012
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File Date _____
Check No _____
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.

Robert Saabye 6-14-12
Signature of Officer Date

ROBERT SAABYE
Print or Type Name of Officer

TREASURER
Title of Officer

Form No. 631
Revised: 05/2012
79492-9-761611