



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. 58864		2. Exact name of the Corporation CONNORS FARM HOMEOWNERS ASSOCIATION, INC.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Maintaining the Open Space and providing for the benefit of the Homeowners			
5. Principal office address 45 Connors Farm Drive		City Smithfield	State RI	Zip 02917	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Ted Duluk		Vice-President Name Robert Moretti			
Street Address 6 Connors Farm		Street Address 8 Connors Farm			
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Deborah Buffi		Treasurer Name Butch Simmoneau			
Street Address 45 Connors Farm Drive		Street Address 17 Connors Farm Drive			
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Ted Duluk		Director Name Butch Simmoneau			
Street Address 6 Connors Farm		Street Address 17 Connors Farm Drive			
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Director Name Kenneth Carlone		Director Name Robert Moretti			
Street Address 52 Connors Farm Drive		Street Address 8 Connors Farm Drive			
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. 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 18 2012

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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.

Deborah Buffi 6/9/12
Signature of Officer _____ Date _____

Deborah Buffi
Print or Type Name of Officer _____

SECRETARY
Title of Officer _____

EXHIBIT "A"

Board of Directors (Cont'd)

Deborah Buffi	45 Connors Farm drive, Smithfield, RI 02917
Donald Emmerson	57 Connors farm Drive, Smithfield, RI 02917
Joseph Chiodo	10 Connors Farm Drive, Smithfield, RI 02917

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