



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. 48290		2. Exact name of the Corporation BONNIEFIELD ACRES ASSOCIATIONS, INC.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island MANAGE SMALL JOINTLY OWNED BEACH FOR NECK ROAD AREA.			
5. Principal office address 500 NECK ROAD		City TIVERTON	State RI	Zip 02878	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) IN THE BOX FOR ATTACHMENT <input type="checkbox"/>					
President Name GARY HANSON			Vice-President Name PHYLLIS ROWLAND		
Street Address 500 NECK ROAD			Street Address 489 NECK ROAD		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
Secretary Name CECIL LEONARD			Treasurer Name CECIL LEONARD		
Street Address 500 NECK ROAD			Street Address 500 NECK RD		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (USE BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name GARY HANSON			Director Name PHYLLIS ROWLAND		
Street Address SEE ABOVE			Street Address SEE ABOVE		
City	State	Zip	City	State	Zip
Director Name CECIL LEONARD			Director Name		
Street Address SEE ABOVE			Street Address		
City	State	Zip	City	State	Zip
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

FILED

JUN 21 2012

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.

Cecil E. Leonard 6/19/12
Signature of Officer Date

CECIL E. LEONARD
Print or Type Name of Officer

SECRETARY / TREASURER
Title of Officer

File No. _____
 Check No. _____
 By: _____
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