



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.

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|--|--------------------|--|---|--------------------|---------------------|
| 1. Entity ID No. 000043982 | | 2. Exact name of the Corporation OLDE SOUTH FARM LOT OWNERS ASSOCIATION | | | |
| 3. State of Incorporation RHODE ISLAND | | 4. Brief description of the character of business conducted in Rhode Island TO OPERATE AND MAINTAIN OPEN SPACE ASSOCIATED WITH OLDE SOUTH FARM PLATS | | | |
| 5. Principal office address 68 SECLUDED DRIVE | | | City WAKEFIELD | State RI | Zip 02879 |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name VACANT | | | Vice-President Name VACANT | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Secretary Name MICHAEL FERGUSON | | | Treasurer Name DENNIS C. HILLIARD | | |
| Street Address 207 BRIARWOOD DRIVE | | | Street Address 68 SECLUDED DRIVE | | |
| City WAKEFIELD | State | Zip | City WAKEFIELD | State RI | Zip 02879 |
| 7. 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 GREGORY BOYD | | | Director Name DANIEL FOGARTY | | |
| Street Address 119 BRIARWOOD DRIVE | | | Street Address 61 CARDINAL LANE | | |
| City WAKEFIELD | State RI | Zip 02879 | City WAKEFIELD | State RI | Zip 02879 |
| Director Name DANIEL MORRSEY | | | Director Name N/A | | |
| Street Address 4 SECLUDED DRIVE | | | Street Address | | |
| City WAKEFIELD | State RI | Zip 02879 | 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

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.

[Signature] 6/19/12
 Signature of Officer Date

Dennis C Hilliard
 Print or Type Name of Officer

Treasurer
 Title of Officer