



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. 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