



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. <b>148606</b>		2. Exact name of the Corporation <b>HOG ISLAND SOUTH END ASSOCIATION, INC.</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>MANAGEMENT OF HOME OWNERS ASSOCIATION PROPERTY</b>			
5. Principal office address <b>15 WESTONIA LANE</b>		City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>JUDITH SEAMAN</b>			Vice-President Name <b>MERE DITH STONE</b>		
Street Address <b>289 FREE BORN ST</b>			Street Address <b>41 NASSAU DRIVE</b>		
City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>LAURENCEVILLE</b>	State <b>NJ</b>	Zip <b>08648</b>
Secretary Name <b>WENDY FARR</b>			Treasurer Name <b>SAMUEL CLIDENCE</b>		
Street Address <b>35 STATE ST.</b>			Street Address <b>272 JAMES TRAIL</b>		
City <b>WARREN</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>WEST KINGSTON</b>	State <b>RI</b>	Zip <b>02892</b>
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 <b>HENRY BARNEY</b>			Director Name <b>LINN CLIDENCE</b>		
Street Address <b>15 WESTONIA LANE</b>			Street Address <b>272 JAMES TRAIL</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>KINGSTON</b>	State <b>RI</b>	Zip <b>02892</b>
Director Name <b>MARIA BARNEY</b>			Director Name		
Street Address <b>42 HIGH ST UNIT #7</b>			Street Address		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	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

File Date	
Check No	
By	
FOR SECRETARY OF STATE USE ONLY	

FILED

JUN 29 2012

174007

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 of Officer SAMUEL CLIDENCE Date 6-29-12

Print or Type Name of Officer SAMUEL CLIDENCE

Title of Officer TREASURER