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.	2. Exact name of the Corporation
148606	HOG ISLAND SOUTH END ASSOCIATION, INC.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	MANAGEMENT OF HOMEOWNER'S ASSOCIATION PROPERTY

5. Principal office address	City	State	Zip
15 WESTONIA LANE	WARWICK	RI	02889

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
JUDITH SEAMAN	MEREDITH STONE
Street Address: 289 FREE BORN ST	Street Address: 41 NASSAU DRIVE
City: PORTSMOUTH / State: RI / Zip: 02871	City: LAWRENCEVILLE / State: NJ / Zip: 08648
Secretary Name	**Treasurer Name**
WENDY FARR	SAMUEL CLIDENCE
Street Address: 35 STATE ST.	Street Address: 272 JAMES TRAIL
City: WARREN / State: RI / Zip: 02885	City: WEST KINGSTON / State: RI / Zip: 02892

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
HENRY BARNEY	LINN CLIDENCE
Street Address: 15 WESTONIA LANE	Street Address: 272 JAMES TRAIL
City: WARWICK / State: RI / Zip: 02889	City: KINGSTON / State: RI / Zip: 02892
Director Name: MARIA BARNEY	Director Name:
Street Address: 42 HIGH ST UNIT #7	Street Address:
City: BRISTOL / State: RI / Zip: 02809	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

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File Date
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By:
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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.

6-29-12
Signature of Officer — Date

SAMUEL CLIDENCE
Print or Type Name of Officer

TREASURER
Title of Officer

Form No. 631
Revised: 05/2012