



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 2013

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. 52608		2. Exact name of the Corporation Tessy Hill Farm Homeowners Association			
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island Homeowners Association			
5. Principal office address P.O. Box 5672			City Wakefield	State RI	Zip 02880
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Karen Deboer			Vice-President Name _____		
Street Address 56 Bramblewood Lane			Street Address _____		
City Wakefield	State RI	Zip 02879	City _____	State _____	Zip _____
Secretary Name Bethany Curtis			Treasurer Name Tracy Telford		
Street Address 86 High Meadow Lane			Street Address 30 Woodmark Way		
City Wakefield	State RI	Zip 02879	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 William Boardman			Director Name Kevin Pincus		
Street Address 22 Woodmark Way			Street Address 128 High Meadow Lane		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Richard Kasper			Director Name _____		
Street Address 12 Paddock Court			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

File Date _____
 Check No. _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JUN 07 2013

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.

Tracy Telford 5/29/13
 Signature of Officer Date
Tracy Telford
 Print or Type Name of Officer
Treasurer
 Title of Officer

B: 1500