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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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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
72893	SWEET ALLEN FARM HOMEOWNERS ASSOCIATION
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	TO PROVIDE AN ENTITY FOR THE FURTHERANCE OF THE INTERESTS OF THE LOT OWNERS

5. Principal office address	City	State	Zip
133 OLD TOWER HILL ROAD, STE. 1	WAKEFIELD	RI	02879

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

President Name	Street Address	City	State	Zip
WILLIAM J. HODGE, III	100 FOSTER SHELDON ROAD	WAKEFIELD	RI	02879

Vice-President Name	Street Address	City	State	Zip
MARIE GALLANTE	8-E5 ACORN COURT	WAKEFIELD	RI	02879

Secretary Name	Street Address	City	State	Zip
LINDA REDMOND	251 SWEET ALLEN FARM ROAD	WAKEFIELD	RI	02879

Treasurer Name	Street Address	City	State	Zip
ROBIN ERBAN	239 SWEET ALLEN FARM ROAD	WAKEFIELD	RI	02879

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

Director Name	Street Address	City	State	Zip
KENNETH WOODS	79 SWEET ALLEN FARM ROAD	WAKEFIELD	RI	02879

Director Name	Street Address	City	State	Zip
RONALD SCHWARTZ	272 SWEET ALLEN FARM ROAD #A2	WAKEFIELD	RI	02879

Director Name	Street Address	City	State	Zip
BEVERLY WALTES	260 SWEET ALLEN FARM ROAD #B1	WAKEFIELD	RI	02879

Director Name	Street Address	City	State	Zip
DAVID O'HARA	65 WEATHERVANE ROAD	WAKEFIELD	RI	02879

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, duly Authorized Representative, Receiver or Trustee

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

FILED
MAY 09 2014
1029

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.

5/8/14
Signature of Officer or Authorized Representative — Date

WILLIAM J. HODGE, III, PRESIDENT
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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