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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
31213	**Sheep's Meadow Association**
3. State of Incorporation: **Rhode Island**	4. Brief description of the character of business conducted in Rhode Island: **Ownership and management of common land area in colony of seasonal cottages**

5. Principal office address	City	State	Zip
Corn Neck Road	**Block Island**	**RI**	**02807**

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

President Name: **Heidi Holever**			Vice-President Name		
Street Address: **77 Maryanne Drive**			Street Address		
City: **Coventry**	State: **CT**	Zip: **06238**	City	State	Zip
Secretary Name: **Kevin Hassey**			Treasurer Name: **Heidi Holever**		
Street Address: **3717 Center Street**			Street Address: **77 Maryanne Drive**		
City: **Cincinnati**	State: **OH**	Zip: **45227**	City: **Coventry**	State: **CT**	Zip: **06238**

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

Director Name: **Michael Keating**			Director Name: **Robert Agricola**		
Street Address: **P. O. Box 636**			Street Address: **P. O. Box 1148**		
City: **Block Island**	State: **RI**	Zip: **02807**	City: **Block Island**	State: **RI**	Zip: **02807**
Director Name: **Michael Hundt**			Director Name		
Street Address: **P. O. Box 1437**			Street Address		
City: **Block Island**	State: **RI**	Zip: **02807**	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, duly Authorized Representative, Receiver or Trustee

FILED
JUN 09 2014
BY 1098

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.

Heidi M. Holever 6/2/14
Signature of Officer or Authorized Representative Date

Heidi Holever
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 09/2013
[illegible]