**State of Rhode Island and Providence Plantations**
**Office of the Secretary of State**

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

# Non-Profit Corporation Annual Report

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.*

**ANNUAL REPORT YEAR:** 2014

**1. Corporate ID No.** 000035905

**2. Name of Corporation** CONGDON FARM ON TURNER COVE PROPERTY OWNERS ASSOCIATION

FILED

**3. State of Incorporation**

State: RI

JUN 07 2014

**4. Corporate Address in Rhode Island**

BY

No. and Street: C/O MORSE
500 CAMP FULLER ROAD
City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO CONSTRUCT, REPAIR, REBUILD, CARE FOR AND MAINTAIN PROPERTY IN THE ASSOCIATION

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

***THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23***

| Title | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---|---|---|
| PRESIDENT<br>Director | SALLY B. DAVIS | 591 CAMP FULLER ROAD<br>WAKEFIELD, RI 02879 USA |

| | | |
|---|---|---|
| TREASURER<br>Director | ALAN R MORSE | 500 CAMP FULLER ROAD<br>WAKEFIELD, RI 02879 USA |
| VICE PRESIDENT<br>Director | STANLEY BARAN | 485 CAMP FULLER RD<br>WAKEFIELD, RI 02879 USA |
| DIRECTOR | JACK CARON | 557 CAMP FULLER ROAD<br>WAKEFIELD, RI 02879 |
| DIRECTOR | PHIL MANIA | 50 WILDERNESS DR.<br>WAKEFIELD, RI 02879 USA |

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ALAN R. MORSE 500 CAMP FULLER ROAD WAKEFIELD , RI 02879

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 7 Day of June, 2014 at 9:29:50 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ALAN R MORSE
Signature of Authorized Person

Form No. 631
Revised 09/07