



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

| LOGOUT |

Non-Profit Corporation
Annual Report

Filing Period: June 1 - June 30



Help with this form

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. 000076134

2. Name of Corporation Smith Farms Homeowners' Association

3. State of Incorporation

State: RI

FILED

4. Corporate Address in Rhode Island

No. and Street:

34 SMITH LANE

City or Town:

HOPE VALLEY

State: RI

Zip: 02832

Country: USA

BY 2286

JUN 23 2014

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 OWN AND PROVIDE FOR THE CARE AND MAINTENANCE OF THE ROADWAY FOR THE SMITH FARMS RESIDENTIAL COMPOUND IN HOPKINTON, RI

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Delete

Title

		Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	PRESIDENT	CHARLES B SMITH JR.	34 C SMITH LANE PO BOX 415 HOPE VALLEY, RI 02832 USA
<input type="checkbox"/>	DIRECTOR	KATHY MARKS	34A SMITH LANE HOPE VALLEY, RI 02832 USA
<input type="checkbox"/>	Director	Joanne Birkett	34D Smith Lane Hope Valley, RI 02832 USA
<input type="checkbox"/>	Director	Elaine Beaumont	34C Smith Lane Hope Valley, RI 02832 USA

Select From Below Title:

First Name: Middle Name: Last Name: Suffix:

Address: City: State: Zip: Country:

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

ANTHONY J. NARDONE, ESQ. 149 HIGH STREET WESTERLY , RI 02891

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

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name:

Business Name:

No. and Street:

City or Town: State: Zip: Country:

Contact Phone: ext:

Contact Email:

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 21 Day of June, 2014 at 10:21:07 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
Signature of Authorized Person