RI SOS Filing Number: 201442802300 Date: 07/18/2014 4:00 PM

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
33295	CASE FARM ASSOCIATES
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	HOME OWNERS ASSOCIATION

5. Principal office address	City	State	Zip
10 RELIANCE DRIVE	BRISTOL	RI	02809

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

President Name	Street Address	City	State	Zip
DENNIS McCOOL	25 RELIANCE DRIVE	BRISTOL	RI	02809

Vice-President Name	Street Address	City	State	Zip
BERNIE LAMBRESE	36 RELIANCE DRIVE	BRISTOL	RI	02809

Secretary Name	Street Address	City	State	Zip
ROBERT McGINNIS	440 POPPASQUASH ROAD	BRISTOL	RI	02809

Treasurer Name	Street Address	City	State	Zip
TERRY MATHER	10 RELIANCE DRIVE	BRISTOL	RI	02809

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
MARCIA MORRIS	11 COURAGEOUS CIRCLE	BRISTOL	RI	02809

Director Name	Street Address	City	State	Zip
DENNIS McCOOL	25 RELIANCE DR	BRISTOL	RI	02809

Director Name	Street Address	City	State	Zip
BERNIE LAMBRESE	36 RELIANCE DR	BRISTOL	RI	02809

Director Name	Street Address	City	State	Zip
ROBERT McGINNIS	440 POPPASQUASH RD	BRISTOL	RI	02809

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: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JUL 18 2014
BY 1094

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.

Signature of Officer or Authorized Representative — Date: 6/30/2014

TERRY MATHER
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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