



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 2015

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. <b>43982</b>		2. Exact name of the Corporation <b>OLDE SOUTH FARM LOT OWNERS ASSOCIATION, INC.</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>TO OPERATE AND MAINTAIN OPEN SPACE ASSOCIATED WITH OLDE SOUTH FARM PLATS.</b>			
5. Principal office address <b>68 SECLUDED DRIVE</b>		City <b>WAKEFIELD</b>		State <b>RI</b>	Zip <b>02879-2800</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name		Vice-President Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Secretary Name <b>MICHAEL FERGUSON</b>		Treasurer Name <b>DENNIS C. HILLIARD</b>			
Street Address <b>207 BRIARWOOD DRIVE</b>		Street Address <b>68 SECLUDED DRIVE</b>			
City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02979-2821</b>	City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879-2800</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name <b>DANIEL MORRISEY</b>		Director Name <b>DANIEL FOGARTY</b>			
Street Address <b>4 SECLUDED DRIVE</b>		Street Address <b>61 CARDINAL LANE</b>			
City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879-2800</b>	City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879-2814</b>
Director Name <b>GREGORY BOYD</b>		Director Name			
Street Address <b>198 BRIARWOOD DRIVE</b>		Street Address			
City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879-2815</b>	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

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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

5/15/15

Date

DENNIS C. HILLIARD, TREASURER

Print or Type Name of Officer or Authorized Representative

File Date

Check No

By

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