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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 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.	2. Exact name of the Corporation
30354	Winnisimet Farm Association
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	Care + Enhancement of roads + common properties

5. Principal office address	City	State	Zip
53 Sachem Rd	Tiverton	RI	02878

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

President Name	Vice-President Name
Bruce Adams	Mike Lee
Street Address: 53 Sachem Rd	Street Address: 16 Hamilton Circle
City: Tiverton State: RI Zip: 02878	City: Tiverton State: RI Zip: 02878
Secretary Name: Mindy Berman	Treasurer Name: Kurt Manchester
Street Address: 123 Winnisimet Dr.	Street Address: 309 Winnisimet Dr.
City: Tiverton State: RI Zip: 02878	City: Tiverton State: RI Zip: 02878

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

Director Name	Director Name
Steve Hughes	Ned Berg
Street Address: 225 Winnisimet Dr.	Street Address: 281 Fogland Pt. Rd.
City: Tiverton State: RI Zip: 02878	City: Tiverton State: RI Zip: 02878
Director Name: Don Hewitt	Director Name:
Street Address: 103 Winnisimet Dr.	Street Address:
City: Tiverton State: RI Zip: 02878	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

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
MAY 28 2015
BY 504

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: 5.25.15

Bruce Adams
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
121292-7-1034605