



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. 990347		2. Exact name of the Corporation Cottrell Farms Homeowners Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island. Own real estate and provide for the orderly administration and management of the affairs of the Cottrell Farms Subdivision			
5. Principal office address 58 Alexandra Circle		City Tiverton		State RI	Zip 02878
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Jeffrey D. Sowa		Vice-President Name Lisa Fries			
Street Address 58 Alexandra Circle		Street Address 400 Cottrell Road			
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Secretary Name Jill Makowski		Treasurer Name Kathryn Melton			
Street Address 84 Alexandra Circle		Street Address 167 Cottrell Road			
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 Jeffrey D. Sowa		Director Name Lisa Fries			
Street Address 58 Alexandra Circle		Street Address 400 Cottrell Road			
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Director Name Jill Makowski		Director Name Kathryn Melton			
Street Address 84 Alexandra Circle		Street Address 167 Cottrell Road			
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
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

JUN 08 2015

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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

Jeffrey D. Sowa

Print or Type Name of Officer or Authorized Representative

**ATTACHMENT IDENTIFYING DIRECTORS
2015 NON-PROFIT CORPORATION ANNUAL REPORT
COTTRELL FARMS HOMEOWNERS ASSOCIATION**

Jacque Marocco
262 Peckham Avenue
Middletown, RI 02842

FILED
JUN 08 2015
BY 990347