RI SOS Filing Number: 201563561470 Date: 06/19/2015 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 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
62122	WATSON FARM Homeowners ASSOCIATION
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	Homeowners ASSOCIATION

5. Principal office address	City	State	Zip
32 PETAL LANE	WAKEFIELD	RI	02879

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

President Name	Vice-President Name
DAN KIMBER	PETER Cottrell
Street Address: 18 MISTY COURT	Street Address: 29 PETAL LANE
City: WAKEFIELD State: RI Zip: 02879	City: WAKEFIELD State: RI Zip: 02879
Secretary Name	**Treasurer Name**
JESSICA WOOD	ERIN KELLY VANASSE
Street Address: 51 PETAL LANE	Street Address: 32 PETAL LANE
City: WAKEFIELD State: RI Zip: 02879	City: WAKEFIELD State: RI Zip: 02879

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
Hiram Barber	Raghupathiah RAMACHANDRA
Street Address: 43 PETAL LN	Street Address: 30 Evergreen Ct
City: Wakefield State: RI Zip: 02879	City: Wakefield State: RI Zip: 02879
Director Name	**Director Name**
Susan BURTON	
Street Address: 32 PETAL LN	Street Address:
City: Wakefield State: RI Zip: 02879	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

File Date JUN 19 2015

Check No 251247

By: 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 5/16/15

Dan Kimber
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
122162-1-1010680