



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.

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|---|-------------|--|--------------------|
| 1. Entity ID No. 110244 | | 2. Exact name of the Corporation Farmlands Homeowners Assoriation, Inc. | |
| 3. State of Incorporation Rhode Island | | 4. Brief description of the character of business conducted in Rhode Island Formation of an Owners' Association | |
| 5. Principal office address 720 Third Beach Road | | City Middletown | State RI |
| | | Zip 02842 | |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | |
| President Name Leslie V. Godridge | | Vice-President Name Howard Marsh | |
| Street Address 1220 Park Avenue, 9A | | Street Address 15 Orchard Hill Lane | |
| City New York | State NY | Zip 10128 | City Greenwich |
| | | | State CT |
| | | | Zip 06830 |
| Secretary Name Thomas M. Haythe | | Treasurer Name | |
| Street Address 11 Lamboll St. | | Street Address | |
| City Charleston | State SC | Zip 29401 | City |
| | | | State |
| | | | Zip |
| 7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | |
| Director Name Leslie V. Godridge | | Director Name Thomas M. Haythe | |
| Street Address 1220 Park Avenue, 9A | | Street Address 11 Lamboll St | |
| City New York | State NY | Zip 10128 | City Charleston |
| | | | State SC |
| | | | Zip 29401 |
| Director Name Howard Marsh | | Director Name | |
| Street Address 15 Orchard Hill Lane | | Street Address | |
| City Greenwich | State CT | Zip 06830 | 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. 2016 MAR 18 AM 10:07
 By: [Signature]
 RECEIVED
 SECRETARY OF STATE
 DIVISION OF BUSINESS SERVICES

FILED

MAR 31 2016

201365
 A.A. 9:59 AM

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] 3/11/16
 Signature of Officer or Authorized Representative Date

Kelly Gaudet
 Print or Type Name of Officer or Authorized Representative