



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 8501		2. Exact name of the Corporation SANDY POINT FARMS, INC.			
3. Principal office address 13 OLD TRAIL RD.		City WATER MILL	State NY	Zip 11976-2012	
4. Business Phone No. (401) 433-1353		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island REAL ESTATE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
President Name RONALD E. LEPES			Vice-President Name NONE		
Street Address 13 OLD TRAIL RD.			Street Address		
City WATER MILL	State NY	Zip 11976-2012	City	State	Zip
Secretary Name ANDREW SHABSHELOWITZ			Treasurer Name RONALD E. LEPES		
Street Address 263 WALNUT ST.			Street Address 13 OLD TRAIL RD.		
City FALL RIVER	State MA	Zip 02720	City WATER MILL	State NY	Zip 11976-2012
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
Director Name LILLIAN LEPES			Director Name RONALD E. LEPES		
Street Address 3250 SO. OCEAN BLVD., APT.410S			Street Address 13 OLD TRAIL RD.		
City PALM BEACH	State FL	Zip 33480	City WATER MILL	State NY	Zip 11976-2012
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			76	Class A Common	NO PAR
			450	Class B Common	NO PAR

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 CORPORATIONS DIV
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This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

FILED

APR 15 2016

by am2428
 A.A.

Signature of Authorized Representative _____ Date _____
RONALD E. LEPES
 Print or Type Name of Authorized Representative