



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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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.

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

FILED

APR 15 2016

by an2428
 A.A.