State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000040205

2. Name of Corporation PECKHAM FARM HOMEOWNERS' ASSOCIATION, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: C/O SCOTT ORAN
PO BOX 555
City or Town: BLOCK ISLAND State: RI Zip: 02807 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

MANAGE HOME OWNERS ASSOCIATION

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	THOMAS MURPHY	68 SALEM STRAITS DARIEN, CT 06820 USA
SECRETARY	SCOTT ORAN	147 PRINCE STREET NEWTON, MA 02465 USA

DIRECTOR	CATHY DAUBEK	PO BOX 303 PUND RIDGE, NY 10576 USA
DIRECTOR	DEBRA MULLEN	1552 LAUREL HOLLOW ROAD LAUREL HOLLOW, NY 11791 USA
DIRECTOR	MARK CARSON-SELMAN	280 CANTITOE STREET BEDFORD HILLS, NY 10507 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CYNTHIA M. BAUTE 1333 PECKHAM FARMS ROAD P.O. BOX 1567 BLOCK ISLAND , RI 02807

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 23 Day of May, 2016 at 4:52:57 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By SCOTT ORAN
Signature of Authorized Person

Form No. 631
Revised 09/07

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