



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. 000035905

2. Name of Corporation CONGDON FARM ON TURNER COVE PROPERTY OWNERS ASSOCIATION

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: C/O ALAN R. MORSE
500 CAMP FULLER ROAD
City or Town: WAKEFIELD

State: RI Zip: 02879 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

TO CONSTRUCT, REPAIR, REBUILD, CARE FOR AND MAINTAIN PROPERTY IN THE 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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	ALAN R. MORSE	500 CAMP FULLER ROAD WAKEFIELD, RI 02879 USA

TREASURER	CECILY MORSE	500 CAMP FULLER ROAD WAKEFIELD, RI 02879 USA
SECRETARY	JOHN F. DESANTIS	100 WILDERNESS TRAIL WAKEFIELD, RI 02879 USA
DIRECTOR	JACK CARON	557 CAMP FULLER ROAD WAKEFIELD, RI 02879
DIRECTOR	PHIL MANIA	50 WILDERNESS TRAIL WAKEFIELD, RI 02879 USA
DIRECTOR	SUSAN BARAN	485 CAMP FULLER ROAD WAKEFIELD, RI 02879 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

ALAN R. MORSE 500 CAMP FULLER ROAD WAKEFIELD , RI 02879

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

Signed this 1 Day of June, 2016 at 5:03:11 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 JOHN DESANTIS
Signature of Authorized Person

Form No. 631
Revised 09/07

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