



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 **2016**

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.

1. Entity ID No. 31213		2. Exact name of the Corporation Sheeps Meadow Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Ownership and management of common land area in colony of seasonal cottages			
5. Principal office address Corn Neck Road			City Block Island	State RI	Zip 02807
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Heidi Holever			Vice-President Name John McDaniel		
Street Address 77 Maryanne Drive			Street Address 19 Clubhouse Lane		
City Coventry	State CT	Zip 06238	City Nesconset	State NY	Zip 11767
Secretary Name Kevin Hassey			Treasurer Name Heidi Holever		
Street Address 3717 Center Road			Street Address 77 Maryanne Drive		
City Cincinnati	State OH	Zip 45227	City Coventry	State CT	Zip 06238
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 Thomas Devine			Director Name Robert Agricola		
Street Address P.O. Box 645			Street Address P.O. Box 1148		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Director Name Carol Appleby-Vanko			Director Name		
Street Address 528 Sussex Road			Street Address		
City Towson	State MD	Zip 21286	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 _____

By: _____

FOR SECRETARY OF STATE USE ONLY BY _____

FILED

JUN 06 2016

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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.

Heidi M. Holever 6/1/16
 Signature of Officer or Authorized Representative Date

Heidi Holever
 Print or Type Name of Officer or Authorized Representative