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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. **52608**	2. Exact name of the Corporation **TEFFT HILL FARMS HOME OWNERS ASSOCIATION**
3. State of Incorporation **RHODE ISLAND**	4. Brief description of the character of business conducted in Rhode Island **HOME OWNERS ASSOCIATION**

5. Principal office address	City	State	Zip
P.O. BOX 5672	WAKEFIELD	RI	02880

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: **Karen Deboer**			Vice-President Name: **Vacant**		
Street Address: **56 Bramblewood Lane**			Street Address:		
City: **Wakefield**	State: **RI**	Zip: **02879**	City:	State:	Zip:
Secretary Name: **Sarah Kirwin**			Treasurer Name: **Tracy Telford**		
Street Address: **200 Chestnut Hill Road**			Street Address: **30 Woodmark Way**		
City: **Wakefield**	State: **RI**	Zip: **02879**	City: **Wakefield**	State: **RI**	Zip: **02879**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name: **William Boardman**			Director Name: **Kevin Pincins**		
Street Address: **22 Woodmark Way**			Street Address: **128 High Meadow Lane**		
City: **Wakefield**	State: **RI**	Zip: **02879**	City: **Wakefield**	State: **RI**	Zip: **02879**
Director Name: **Richard Kasper**			Director Name:		
Street Address: **12 Paddock Court**			Street Address:		
City: **Wakefield**	State: **RI**	Zip: **02879**	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

FILED
JUN 13 2016
BY 1585

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.

Tracy Telford 6/7/16
Signature of Officer or Authorized Representative — Date

Tracy Telford
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
130060-48-127404