



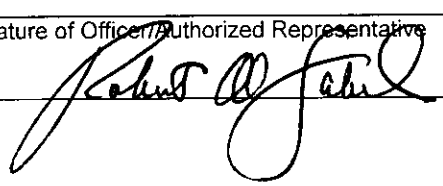
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
508146		SANDYWOODS FARM, INC.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RHODE ISLAND		To be operated exclusively for charitable and educational purposes within code			
5. Principal Office Address		City	State	Zip	
50 WASHINGTON SQUARE		NEWPORT	RI	02840	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARJORIE E. JENSEN		Vice-President Name PAUL MURPHY			
Street Address 50 WASHINGTON SQUARE		Street Address 50 WASHINGTON SQUARE			
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name ROBERT M. SABLE		Treasurer Name ROBERT M. SABEL			
Street Address 50 WASHINGTON SQUARE		Street Address 50 WASHINGTON SQUARE			
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name SUSAN BODINGTON		Director Name ELIZABETH PHELPS			
Street Address 50 WASHINGTON SQUARE		Street Address 50 WASHINGTON SQUARE			
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Director Name PATRICIA SARGENT		Director Name MARJORIE E. JENSEN			
Street Address 50 WASHINGTON SQUARE		Street Address 50 WASHINGTON SQUARE			
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative ROBERT M. SABEL				Date 6/3/2016	
Signature of Officer/Authorized Representative  SIGN DOCUMENT HERE					

FILED

JUN 20 2016

BY

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