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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 2017

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

1. Entity ID No. 31213		2. Exact name of the Corporation Sheeps Meadow Association				
3. State of Incorporation	4. Brief desc	ription of the character	of business conducted in Rhode Is ent of common land area i	sland in colony of sea	sonal cottages	
Rhode Island	Ownersi	ip and managem		iii oololly ol saa		
5. Principal office address Corn Neck Road			City Block Island	State RI	^{Zip} 02807	
6. LIST ALL OFFICERS	(NAMES AND ADDR	ESSES) ("X" BOX FO	R ATTACHMENT)			
President Name			Vice-President Name			
Heidi Holever			John McDaniel			
Street Address			Street Address			
77 Maryanne Drive			19 Clubhouse Lane			
City	State	Zip	City	State	Zip	
Coventry	CT	06238	Nesconset	NY	11767	
Secretary Name			Treasurer Name			
Kevin Hassey			Heidi Holever			
Street Address			Street Address			
3717 Center Road			77 Maryanne Drive			
City	State	Zip	City	State	Zip	
Cincinnati	ОН	45227	Coventry	CT	06238	
7. LIST ALL DIRECTOR ("X" BOX FOR ATTAC Director Name		RESSES). RHODE IS	Director Name	IST NO LESS THAN	THREE (3) DIRECTO	
Thomas Devine			Robert Agricola			
Street Address			Street Address			
P.O. Box 645			P.O. Box 1148			
City	State	Zip	City	State	Zip	
Block Island	RI	02807	Block Island	RI	02807	
Director Name			Director Name			
Carol Appleby-Van	ko					
Street Address			Street Address			
528 Sussex Road						
City Towson	State MD	Zip 21286	City	State	Zip	
8. REGISTERED AGENT	TIN RHODE ISLAND					
		Office of the Secreta	ary of State. Changes require fili	ng Form 641.		
			cretary, Assistant Secretary, Treas		Representative, Receiv	
rnis report mast de signe or Trustee	o by orator ino ricolar	, ,		. , ,		
			Under penalty of perjur	y, I declare and affi	rm that I have examine	
File Date	<u></u>		this report, including at and that all statements	ny accompanying s contained berein e	chequies and stateme re true and correct	
			disu uidt dii Statements	/		
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By:		FILED	Nich II.	NOCULY:	<u>⊃</u> √ਕ∖√	
- 1·			Digitature of Officer of Ac	uthorized Representa	itive Date	
FOR SECRETARY OF STATE USE ONLY JUN 0 5 2017			Heidi Holever			
Form No. 631	n.	110000	Print or Type Name of O		epresentative	
Revised: 04/2014	BY)		•	