



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

Annual Report for the year: 2017

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 89298		2. Exact name of the Corporation Brown's Farm Home Owners Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Homeowners' association.			
4. NAICS Code 813990 - Other Similar Orga					
6. Principal Office Address P.O. Box 1716		City Kingston		State RI	Zip 02881
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James R. Dozois			Vice-President Name Edward H. Berube		
Street Address 25 S. Park Ln.			Street Address 49 Browns Farm Dr		
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
Secretary Name Nancy L. Gillespie			Treasurer Name Andrée J. Rathemacher		
Street Address 80 E Park Ln			Street Address 22 E Park Ln		
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
8. 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 James R. Dozois			Director Name Edward H. Berube		
Street Address 25 S. Park Ln.			Street Address 49 Browns Farm Dr		
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
Director Name Nancy L. Gillespie			Director Name Andrée J. Rathemacher		
Street Address 80 E Park Ln			Street Address 22 E Park Ln		
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
9. 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 Andrée J. Rathemacher, Treasurer				Date June 2, 2017	
Signature of Officer/Authorized Representative <i>Andrée J. Rathemacher</i>				6/2/17	

FILED

JUN 05 2017