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

STAMP

Non-Profit Corporation Annual Report for the year: 2017

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
001668525	Wilderness Farm Residential Compound Homeowners Association
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	To provide for the furtherance of the common interests of the owners.

5. Principal Office Address	City	State	Zip
P.O. Box 815	Wakefield	RI	02880

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name Henry A. Craven	Vice-President Name None
Street Address 839D Ministerial Road	Street Address
City Wakefield / State RI / Zip 02879	City / State / Zip
Secretary Name Virginia Perkins Carter	Treasurer Name M. Elizabeth Thornton
Street Address P.O. Box 5277	Street Address 7 Joann Drive
City Wakefield / State RI / Zip 02880	City Barrington / State RI / Zip 02806

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name Henry A. Craven	Director Name M. Elizabeth Thornton
Street Address 839D Ministerial Road	Street Address 7 Joann Drive
City Wakefield / State RI / Zip 02879	City Barrington / State RI / Zip 02806
Director Name Virginia Perkins Carter	Director Name
Street Address P.O. Box 5277	Street Address
City Wakefield / State RI / Zip 02880	City / State / Zip

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Virginia Perkins Carter	6/14/2017

Signature of Officer/Authorized Representative: Virginia Perkins SIGN DOCUMENT HERE

FILED
JUN 19 2017
BY 2711

Form No. 631
Revised: 2016