



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

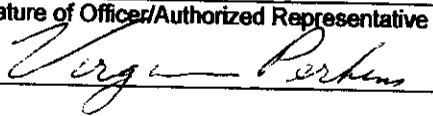
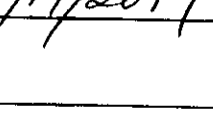
148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

STATE

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
P.O. Box 815		Wakefield	RI
			Zip 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	City	State
	Zip 02879		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	City Barrington	State RI
	Zip 02880		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	City Barrington	State RI
	Zip 02879		Zip 02806
Director Name Virginia Perkins Carter		Director Name	
Street Address P.O. Box 5277		Street Address	
City Wakefield	State RI	City	State
	Zip 02880		Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<i>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>			
<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			Date
Virginia Perkins Carter			6/14/2017
Signature of Officer/Authorized Representative			
			

FILED

JUN 19 2017

BY