



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

Annual Report for the year: 2017

Non-Profit Corporation

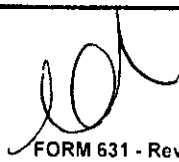
→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

1. Entity ID Number 43982		2. Exact name of the Corporation OLDE SOUTH FARM LOT OWNERS ASSOCIATION, INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO OPERATE AND MAINTAIN OPEN SPACE ASSOCIATED WITH OLDE SOUTH FARM PLATS.			
4. NAICS Code 51					
6. Principal Office Address 68 Secluded Drive			City Wakefield	State RI	Zip 02879-2800
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name VACANT			Vice-President Name VACANT		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name MICHAEL FERGUSON			Treasurer Name DENNIS C. HILLIARD		
Street Address 207 BRIARWOOD DRIVE			Street Address 68 SECLUDED DRIVE		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name GREGORY BOYD			Director Name DANIEL FOGARTY		
Street Address 119 BRIARWOOD DRIVE			Street Address 61 CARDINAL LANE		
City Wakefield	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
Director Name DANIEL MORRSEY			Director Name		
Street Address 4 SECLUDED DRIVE			Street Address		
City WAKEFIELD	State RI	Zip 02879	City	State	Zip
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 Dennis C. Hilliard, Secretary				Date 06/14/2017	
Signature of Officer/Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
JUN 19 2017
 BY 1278  FORM 631 - Revised: 05/2017