RI SOS Filing Number: 201745833560 Date: 6/19/2017 4:00:00 PM

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	2. Exact name of the Corporation
52608	**Tefft Hill Homeowners Association**
3. State of Incorporation: **Rhode Island**	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	City	State	Zip
PO Box 5672	**Wakefield**	**RI**	**02879**

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

President Name: **Shawn Hyland**			Vice-President Name: **Vacant**		
Street Address: **58 Wingate Road**			Street Address:		
City: **Wakefield**	State: **RI**	Zip: **02879**	City:	State:	Zip:
Secretary Name: **Sarah Kirwin**			Treasurer Name: **Tracy Telford**		
Street Address: **200 Chestnut Hill Road**			Street Address: **30 Woodmark Way**		
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: **William Boardman**			Director Name: **Richard Kasper**		
Street Address: **22 Woodmark Way**			Street Address: **12 Paddock Court**		
City: **Wakefield**	State: **RI**	Zip: **02879**	City: **Wakefield**	State: **RI**	Zip: **02879**
Director Name: **Karen Deboer**			Director Name:		
Street Address: **56 Bramblewood Lane**			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.

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
Tracy Telford	6/17/17

Signature of Officer/Authorized Representative: Tracy Telford

FILED
JUN 19 2017
BY 1616 DS

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

FORM 631 - Revised: 05/2017