

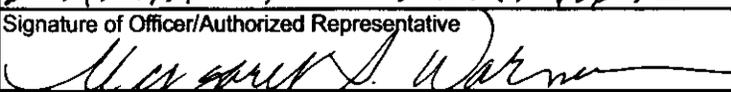


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 101397		2. Exact name of the Corporation Locust Valley Farm Homeowners Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To maintain Locust Valley Farm Drive, barn barways, utility lines and wells in Locust Valley Farm			
4. NAICS Code 813990					
6. Principal Office Address 601 Ten Rod Road			City Exeter	State RI	Zip 02822
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Margaret S. Warner			Vice-President Name N/A		
Street Address 601 Ten Rod Road			Street Address		
City Exeter	State RI	Zip 02822	City	State	Zip
Secretary Name Gertrude Charboneau			Treasurer Name Gertrude Charboneau		
Street Address 595G Ten Rod Road			Street Address 595G Ten Rod Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
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 Margaret S. Warner			Director Name Gertrude Charboneau		
Street Address 601 Ten Rod Road			Street Address 595G Ten Rod Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Director Name Andrew M. Teitz			Director Name		
Street Address 2 Williams Street			Street Address		
City Providence	State RI	Zip 02903	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 MARGARET S. WARNER					Date JULY 5, 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

JUL 12 2017 FORM 631 - Revised: 05/2017

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