

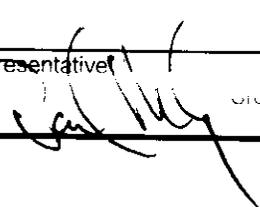


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**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 <b>508148</b>		2. Exact name of the Corporation <b>SANDYWOODS FARM, INC.</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>To be operated exclusively for charitable and educational purpose within code</b>			
4. NAICS Code <b>624229 - Other Community Ho</b>					
6. Principal Office Address <b>50 WASHINGTON SQUARE</b>		City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>PAUL MURPHY</b>		Vice-President Name <b>MIKE FISCHMAN</b>			
Street Address <b>423 UNION STREET</b>		Street Address <b>41 BURNSIDE AVENUE</b>			
City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
Secretary Name <b>MARJORIE E. JENSEN</b>		Treasurer Name <b>SUSAN BODINGTON</b>			
Street Address <b>1724 CRANDALL ROAD</b>		Street Address <b>1 TOWN WAY</b>			
City <b>TIVERTON</b>	State <b>RI</b>	Zip <b>02878</b>	City <b>LITTLE COMPTON</b>	State <b>RI</b>	Zip <b>02837</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>ROBERT M. SABEL</b>		Director Name <b>CHRISTINE MURPHY</b>			
Street Address <b>50 WASHINGTON SQUARE</b>		Street Address <b>423 UNION STREET</b>			
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>
Director Name <b>PAUL MURPHY</b>		Director Name <b>MIKE FISCHMAN</b>			
Street Address <b>423 UNION STREET</b>		Street Address <b>41 BURNSIDE AVENUE</b>			
City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>PAUL MURPHY</b>				Date <b>7/26/2017</b>	
Signature of Officer/Authorized Representative 				<b>FILED</b> <b>JUL 19 2017</b> <b>10228</b>	

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

**BY** \_\_\_\_\_