



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 <u>000112445</u>		2. Exact name of the Corporation <u>STONEHEDGE FARM HOME OWNERS ASSOCIATION</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>11 HOME NEIGHBORHOOD w/ COMMON LAND</u>	
4. NAICS Code <u>813990</u>			
6. Principal Office Address <u>128 SUGARBUSH TRL.</u>		City <u>SAUNDERTOWN</u>	State <u>RI</u>
		Zip <u>02874</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>MICHELLE BARLOW</u>		Vice-President Name <u>KERI CHELO</u>	
Street Address <u>42 SUGARBUSH TRL.</u>		Street Address <u>56 SUGARBUSH TRL.</u>	
City <u>SAUNDERTOWN</u>	State <u>RI</u>	City <u>SAUNDERTOWN</u>	State <u>RI</u>
Zip <u>02874</u>		Zip <u>02874</u>	
Secretary Name <u>MARY AELERMAN</u>		Treasurer Name <u>TERRENCE MURPHY</u>	
Street Address <u>114 SUGARBUSH TRL.</u>		Street Address <u>128 SUGARBUSH TRL.</u>	
City <u>SAUNDERTOWN</u>	State <u>RI</u>	City <u>SAUNDERTOWN</u>	State <u>RI</u>
Zip <u>02874</u>		Zip <u>02874</u>	
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 <u>MICHAEL BARLOW</u>		Director Name <u>KERI CHELO</u>	
Street Address <u>42 SUGARBUSH TRL.</u>		Street Address <u>56 SUGARBUSH TRL.</u>	
City <u>SAUNDERTOWN</u>	State <u>RI</u>	City <u>SAUNDERTOWN</u>	State <u>RI</u>
Zip <u>02874</u>		Zip <u>02874</u>	
Director Name <u>MARY AELERMAN</u>		Director Name	
Street Address <u>114 SUGARBUSH TRL.</u>		Street Address	
City <u>SAUNDERTOWN</u>	State <u>RI</u>	City <u>S</u>	State
Zip <u>02874</u>		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 <u>TERRENCE MURPHY</u>			Date <u>3/19/2018</u>
Signature of Officer/Authorized Representative <u>[Signature]</u> SIGN DOCUMENT HERE			

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

MAR 22 2018

BY

FORM 631 - Revised: 11/2017