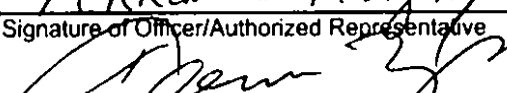




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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>000112445</b>		2. Exact name of the Corporation <b>STONE HEDGE FARM HOME OWNERS ASSOCIATION</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>11 HOME NEIGHBORHOOD w/ COMMON LAND</b>			
4. NAICS Code <b>813990</b>					
6. Principal Office Address <b>128 SUGARBUSH TRL.</b>		City <b>SAUNDRESTON</b>	State <b>RI</b>	Zip <b>02874</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MICHELLE BARLOW</b>		Vice-President Name <b>KERI CHELO</b>			
Street Address <b>42 SUGARBUSH TRL.</b>		Street Address <b>56 SUGARBUSH TRL.</b>			
City <b>SAUNDRESTON</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>SAUNDRESTON</b>	State <b>RI</b>	Zip <b>02874</b>
Secretary Name <b>MARY AELKEMAN</b>		Treasurer Name <b>TERRENCE MURPHY</b>			
Street Address <b>114 SUGARBUSH TRL</b>		Street Address <b>128 SUGARBUSH TRL</b>			
City <b>SAUNDRESTON</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>SAUNDRESTON</b>	State <b>RI</b>	Zip <b>02874</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>MICHAEL BARLOW</b>		Director Name <b>KERI CHELO</b>			
Street Address <b>42 SUGARBUSH TRL</b>		Street Address <b>56 SUGARBUSH TRL</b>			
City <b>SAUNDRESTON</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>SAUNDRESTON</b>	State <b>RI</b>	Zip <b>02874</b>
Director Name <b>MARY AELKEMAN</b>		Director Name			
Street Address <b>114 SUGARBUSH TRL</b>		Street Address			
City <b>SAUNDRESTON</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>S</b>	State	Zip
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>					
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 <b>TERRENCE MURPHY</b>					Date <b>3/19/2018</b>
Signature of Officer/Authorized Representative 					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**

FORM 631 - Revised: 11/2017

BY 