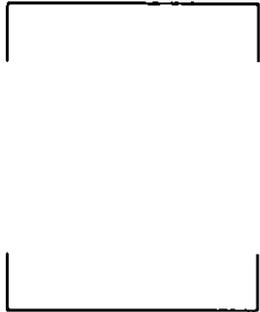




**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

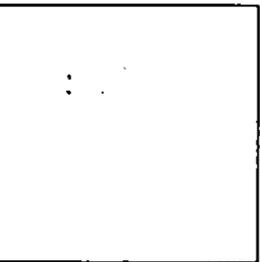


Non-Profit Corporation Annual Report for the year: 2018

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number 001668525		2. Exact name of the Corporation Wilderness Farm Residential Compound Homeowners Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To provide for the furtherance of the common interests of the owners.			
5. Principal Office Address P.O. Box 815		City Wakefield	State RI	Zip 02880	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Henry A. Craven			Vice-President Name None		
Street Address 839D Ministerial Road			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name Virginia Perkins Carter			Treasurer Name M. Elizabeth Thornton		
Street Address P.O. Box 5277			Street Address 7 Joann Drive		
City Wakefield	State RI	Zip 02880	City Barrington	State RI	Zip 02806
7. 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 Henry A. Craven			Director Name M. Elizabeth Thornton		
Street Address 839D Ministerial Road			Street Address 7 Joann Drive		
City Wakefield	State RI	Zip 02879	City Barrington	State RI	Zip 02806
Director Name Virginia Perkins Carter			Director Name		
Street Address P.O. Box 5277			Street Address		
City Wakefield	State RI	Zip 02880	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<i>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>					
<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 Virginia Perkins Carter				Date 5/27/18	
Signature of Officer/Authorized Representative <i>Virginia Perkins Carter</i> SIGN DOCUMENT HERE					



FILED

JUN 06 2018

BY 1008 DS