



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

Annual Report for the year: **2018**

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 - Other Similar Organiz			
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	City	State
Zip 02822		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	City Exeter	State RI
Zip 02822		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	City Exeter	State RI
Zip 02822		Zip 02822	
Director Name Andrew M. Teitz		Director Name	
Street Address 2 Williams Street		Street Address	
City Providence	State RI	City	State
Zip 02903		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 June 6, 2018	
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

JUN 11 2018
BY **2883 DS**

FORM 631 - Revised: 11/2017