RI SOS Filing Number: 201869705550 Date: 6/15/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual	Report	for	the	year:			
Non-Profit Corporation							

2018

-> 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	2 Event name	-64-0			<u> </u>			
31047	2. Exact name of the Corporation							
	THE SEA MEADOW FARMS ASSOCIATION							
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island							
ROONE ISLAND	A neighborhood homeowners a ssociation for conducting							
4. NAICS Code	VARIOUS now-profit activities.							
813319								
6. Principal Office Address			City	State	Zip			
433 Jea Meadon	Daire		Pratomonth	RI	02871			
7. List ALL officers (names and ad-	dresses)		Check the box to indicate an attachment					
President Name Vacant Ruitm (to be elected Fall 2018)			Vice President Name GEURGE Earley					
Street Address			Street Address					
City /	State	77:-	460 Jaa M	eddon Pair				
MA Secretary Name	State MA	Zip MA	Chy Portmath	State	Zip 0287/			
Secretary Name To Ellen Hunt			Treasurer Name Peter MiniOR					
130 Lambre Circle			Street Address 433 Son Mendau Vaive					
chy Portsmonth	State RI	Zip 0287/	cry Postsmonth	State RI	Zip (7287)			
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.								
Director Name	·			heck the box to indica	te an attachment			
Director Name Beorge Eastey Street Address			Director Name To Ellen Hunt					
460 Sea Maadow Dare			Street Address 130 Lamble Circle					
Poatmonth	State	Zip 02871	City Portsmouth	State RI	Zp 02871			
Director Name Peter Minjor			Director Name Nove					
Street Address 433 Jan Mendow V Rive			Street Address Non-					
CHY PURTIMENTA	State RI	Zip 02871	City NONC	State	Zip NONE			
Registered Agent in Rhode Island	. This information i	s currently of record	in the Department of State, Channes n		7020			
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 contained herein are true and correct.								
This report must be signed by either the President	dent, Vice-President S	Secretary Assistant Con	Minor Transcense delle Authorized De					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative A Company of Officer/Authorized Representative					Date			
Peter 1/ Minion					THINE 13, 2018			
Signature of Officer/Authorized Representative Puller M. Minion, Taldalizer								
All TO:								

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.rl.gov JUN 1 5 2018