




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 43982		2. Exact name of the Corporation Olde South Farm Lot Owners Association Inc			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To operate and maintain open space associated with Olde South Farm Plats			
4. NAICS Code 813312 - Environment, Conser.					
6. Principal Office Address 68 Secluded Drive		City Wakefield	State RI	Zip 02879-2800	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Vacant		Vice-President Name Vacant			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Secretary Name Michael Furgeson		Treasurer Name Dennis C. Hilliard			
Street Address 207 Briarwood Drive		Street Address 68 Secluded Drive			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 Michael Marran		Director Name Daniel Fogarty			
Street Address 1 Secluded Drive		Street Address 61 Cardinal Lane			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Daniel Morrisey		Director Name			
Street Address 4 Secluded Drive		Street Address			
City Wakefield	State RI	Zip 02879	City	State RI	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 Dennis C. Hilliard				Date 6/6/18	
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

JUN 28 2018

FORM 631 - Revised: 11/2017

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