



Annual Report for the year  
Non-Profit Corporation

2018

**FILED**

JUN 29 2018

→ Filing period: June 1 - June 30  
→ Filing Fee: \$20.00  
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

BY 1130

1. Entity ID Number <b>33295</b>		2. Exact name of the Corporation <b>CASE FARM ASSOCIATES</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>HOMEOWNERS ASSOCIATION</b>			
4. NAICS Code <b>813990</b>					
6. Principal Office Address <b>10 RELIANCE DRIVE</b>			City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</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>BOB MCGINNIS</b>			Vice-President Name		
Street Address <b>440 POPASQUASH ROAD</b>			Street Address		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City	State	Zip
Secretary Name <b>BOB SMYTH</b>			Treasurer Name <b>TERRY MATHER</b>		
Street Address <b>15 RELIANCE DRIVE</b>			Street Address <b>10 RELIANCE DRIVE</b>		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>BOB MCGINNIS</b>			Director Name <b>TERRY MATHER</b>		
Street Address <b>440 POPASQUASH ROAD</b>			Street Address <b>10 RELIANCE DRIVE</b>		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>
Director Name <b>BOB SMYTH</b>			Director Name		
Street Address <b>15 RELIANCE DRIVE</b>			Street Address		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 841.					
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.					
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>TERRY MATHER</b>					Date <b>JUNE 30, 2018</b>
Signature of Officer/Authorized Representative 					

MAIL TO:  
Division of Business Services  
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