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.

FILED
JUN 29 2018
BY 1130

1. Entity ID Number	2. Exact name of the Corporation
33295	CASE FARM ASSOCIATES
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: HOMEOWNERS ASSOCIATION
4. NAICS Code: 813990	

6. Principal Office Address	City	State	Zip
10 RELIANCE DRIVE	BRISTOL	RI	02809

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
BOB McGINNIS	
Street Address: 440 POPPASQUASH ROAD	Street Address
City: BRISTOL State: RI Zip: 02809	City State Zip
Secretary Name: BOB SMYTH	Treasurer Name: TERRY MATHER
Street Address: 15 RELIANCE DRIVE	Street Address: 10 RELIANCE DRIVE
City: BRISTOL State: RI Zip: 02809	City: BRISTOL State: RI Zip: 02809

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
BOB McGINNIS	TERRY MATHER
Street Address: 440 POPPASQUASH ROAD	Street Address: 10 RELIANCE DRIVE
City: BRISTOL State: RI Zip: 02809	City: BRISTOL State: RI Zip: 02809
Director Name: BOB SMYTH	Director Name
Street Address: 15 RELIANCE DRIVE	Street Address
City: BRISTOL State: RI Zip: 02809	City State 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.

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	Date
TERRY MATHER	JUNE 30, 2017

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

FORM 631 - Revised: 06/2017