RI SOS Filing Number: 201901791530 Date: 7/5/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year:

2019	
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FILED: 17....F

Non-Profit Corporation	
→ Filing period. June 1 - June 30	
→ Filing Fee \$20.00	
-> Penalty Additional \$25.00 fee if fo	rm is not filed by July 30.

			<del></del> _				
Entity ID Number		ne of the Corporation			***		
508146	SAND	SANDYWOODS FARM, INC.					
3. State of Incorporation	5. Brief desc	5. Brief description of the character of business conducted in Rhode Island					
RHODE ISLAND	To be oper	To be operated exclusively for charitable and educational purpose within code					
4. NAICS Code	7						
624229 - Other Community	<i>r</i>						
6. Principal Office Address			City	State	Zıp		
50 WASHINGTON SQUARE	<b>=</b>		NEWPORT	RI	02840		
7. List ALL officers (names and	addresses)			Check the box to ind	icate an attachment		
President Name SUSAN BODINGTON			Vice-President Name CHRISTINE MURPHY				
Street Address 1 TOWN WAY			Street Address 423 UNION ST	Street Address 423 UNION STREET			
City LITTLE COMPTON	State RI	Zip 02837	City PORTSMOUTH	State RI	Zip 02871		
Secretary Name MARJORIE JENSEN			Treasurer Name ROBERT M. SABEL				
Street Address 1724 CRANDA	Address 1724 CRANDALL ROAD			Street Address 50 WASHINGTON SQUARE			
City TIVERTON	State RI	Zip 02878	City NEWPORT	State RI	Zip 02840		
8. List ALL directors (names and	d addresses). RI (	Corporations MUST		Check the box to ind	licate an attachment		
Director Name ROBERT M. SABEL			Director Name CHRISTINE MURPHY				
Street Address 50 WASHINGTON SQUARE			Street Address 423 UNION STREET				
City NEWPORT	State RI	<sup>Zip</sup> 02840	City PORTSMOUTH	State RI	<sup>Zip</sup> 02871		
Director Name MARJORIE JENSEN			Director Name SUSAN BODI	NGTON	•		
Street Address 1724 CRANDALL ROAD			Street Address 1 TOWN WAY				
City TIVERTON	State RI	Zip 02878	City LITTLE COMPTON	State RI	<sup>Zip</sup> 02837		
9 Registered Agent in Rhode Is	sland. This informa	tion is currently of reco	ord in the Department of State. Change	s require filing Form	641.		
Under penalty of perjury, I de statements, and that all state			ed this report, including any accord correct.	ompanying sche	dules and		
This report must be signed by either the	President, Vice-Presid	lent, Secretary, Assistant	Secretary, Treasurer duly Authonzed Repres	sentative. Receiver or Tr	ustee		
Name of Officer/Authorized Representative ROBERT M. SABEL				Date			
				6/20/2019			
Signature of Officer/Authorized	Representative	SIGN DO	CUMENT HERE				

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov