



Department of State - Business Services Division

FILED

Annual Report for the year: 2019
 Non-Profit Corporation

JUL 19 2019

BY 563 OS

- 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 30354		2. Exact name of the Corporation Winnisimmet Farm Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Home Owners Association			
4. NAICS Code 813990					
6. Principal Office Address 309 Winnisimmet DR		City TIVERTON	State RI	Zip 02878	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DONALD GEISSER			Vice-President Name MICHAEL SILVA SILVIA		
Street Address 94 WINNISIMMET DRIVE			Street Address 293 INDIAN POINT RD		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
Secretary Name			Treasurer Name KURT A. MANCHESTER		
Street Address			Street Address 309 WINNISIMMET DR		
City	State	Zip	City TIVERTON	State RI	Zip 02878
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 MINDY BERMAN			Director Name MARGARET CHADWICK		
Street Address 123 WINNISIMMET DR			Street Address 352 WINNISIMMET DR		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
Director Name GREGORY BANNER			Director Name		
Street Address 59 WINNISIMMET DR.			Street Address		
City TIVERTON	State RI	Zip 02878	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.					
<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 KURT MANCHESTER				Date 7/17/19	
Signature of Officer/Authorized Representative <i>Kurt Manchester</i>				SIGN DOCUMENT HERE	