



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2019

**1. Corporate ID No.** 001668525

**2. Name of Corporation** Wilderness Farm Residential Compound Homeowners Association

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code   
812990

**4. Corporate Address in Rhode Island**

No. and Street: P.O. BOX 815  
City or Town: WAKEFIELD State: RI Zip: 02880 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:  
City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO PERFORM ALL OBLIGATIONS AND DUTIES AND TO EXERCISE ALL RIGHT AND POWERS TO THE LOTS IN WILDERNESS FARM RESIDENTIAL COMPOUND IN SOUTH KINGSTOWN AND TO PROVIDE THE ENTITY FOR THE FURTHERANCE OF THE COMMON INTERESTS OF THE OWNERS OF THE LOTS IN THE COMPOUND

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	HENRY A. CRAVEN	839D MINISTERIAL ROAD WAKEFIELD, RI 02879 USA
VICE PRESIDENT & DIRECTOR	RACHEL CRAVEN	839D MINISTERIAL ROAD WAKEFIELD, RI 02879 USA
TREASURER & DIRECTOR	ELIZABETH THORNTON	7 JOANN DRIVE BARRINGTON, RI 02806 USA
SECRETARY & DIRECTOR	MARK MASCHERONI	P.O. BOX 815 WAKEFIELD, RI 02880 USA
DIRECTOR	HENRY A. CRAVEN	839D MINISTERIAL ROAD WAKEFIELD, RI 02879 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JAMES V. AUKERMAN 60 SOUTH COUNTY COMMONS WAY, SUITE G4 WAKEFIELD , RI 02879

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 30 Day of December, 2019 at 9:42:36 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By HENRY A. CRAVEN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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