



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year: 2020
Non-Profit Corporation

JUL 23 2020

BY 1146 DS

- 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 33295		2. Exact name of the Corporation Case Farm Associates			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Homeowner's Association			
4. NAICS Code 813990					
6. Principal Office Address 10 Reliance Drive			City Bristol	State RI	Zip 02809
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bob McGinnis			Vice-President Name		
Street Address 440 Poppasquash Road			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name Robert 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 <input type="checkbox"/>					
Director Name Bob McGinnis			Director Name 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 Robert 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.					
<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 Terry Mather, Treasurer				Date July 20, 2020	
Signature of Officer/Authorized Representative 					

MAIL TO:
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