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R.I. DEPT. OF STATE  
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State of Rhode Island

Department of State - Business Services Division

2020 OCT 19 A 9:33

Annual Report for the year:

2017

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.

1. Entity ID Number <b>000110244</b>		2. Exact name of the Corporation <b>FARMLANDS HOMEOWNERS ASSOCIATION, INC.</b>	
3. State of Incorporation <b>01/13/2000</b>		5. Brief description of the character of business conducted in Rhode Island <b>HOMEOWNERS ASSOCIATION</b>	
4. NAICS Code <b>813910</b>			
6. Principal Office Address <b>552 TWO MILE RUN</b>		City <b>JOHNS ISLAND</b>	State <b>SC</b>
		Zip <b>29455</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>LESLIE GODRIDGE</b>		Vice-President Name <b>HOWARD MARSH</b>	
Street Address <b>1220 PARK AVENUE #9A</b>		Street Address <b>15 ORCHARD HILL LANE</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10128</b>	City <b>GREENWICH</b>
			State <b>CT</b>
			Zip <b>06830</b>
Secretary Name <b>LESLIE GODRIDGE</b>		Treasurer Name <b>LESLIE GODRIDGE</b>	
Street Address <b>1220 PARK AVENUE #9A</b>		Street Address <b>1220 PARK AVENUE #9A</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10128</b>	City <b>NEW YORK</b>
			State <b>NY</b>
			Zip <b>10128</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>LESLIE GODRIDGE</b>		Director Name <b>HOWARD MARSH</b>	
Street Address <b>1220 PARK AVENUE #9A</b>		Street Address <b>15 ORCHARD HILL LANE</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10128</b>	City <b>GREENWICH</b>
			State <b>CT</b>
			Zip <b>06830</b>
Director Name <b>THOMAS HAYTHE</b>		Director Name	
Street Address <b>11 LAMBOLL STREET</b>		Street Address	
City <b>CHARLESTON</b>	State <b>SC</b>	Zip <b>29401</b>	City
			State
			Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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 <b>Leslie Godridge</b>			Date <b>10/14/2020</b>
Signature of Officer/Authorized Representative <i>Leslie Godridge</i>			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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**FILED**  
OCT 19 2020  
BY *QPM* 81

FORM 631 - Revised: 08/2020