



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 119681		2. Name of Corporation Dry Creek Farm Property Owners Association			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 15 Dry Creek Farm Way		City Wakefield	Zip 02879
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO CONSTRUCT, REPAIR, REBUILD, CARE FOR AND MAINTAIN PROPERTY IN THE ASSOCIATION					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Philip R. Mania			Vice President Name none		
Street Address 50 Wilderness Trail			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name David P. Lavallee			Treasurer Name Pamela L. Lavallee		
Street Address 15 Dry Creek Farm Way			Street Address 15 Dry Creek Farm Way		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Philip R. Mania			Director Name		
Street Address 50 Wilderness Trail			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Director Name David P. Lavallee			Director Name David Johnson		
Street Address 15 Dry Creek Farm Way			Street Address 59 Dry Creek Farm Way		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name PAMELA L. LAVALLEE			Address		
Address 15 DRY CREEK FARM WAY			City WAKEFIELD	State	Zip 02879

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



119681

File Date 7-5-05
Check No. 221570032-4
By [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

Pamela L. Lavallee 6/30/05
Signature of Officer Date
Pamela L. Lavallee
Print or Type Name of Officer
treasurer
Title of Officer



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Agent Name PAMELA L. LAVALLEE		Address		
Address 15 DRY CREEK FARM WAY		City WAKEFIELD	Zip 02879	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 9 6 8 1 *

File Date 6/28/04
Check No. 688430436-8
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

Pamela L. Lavallee 6/24/04
Signature of Officer Date
Pamela L. Lavallee
Print or Type Name of Officer
Treasurer
Title of Officer



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5. Foreign corporation. Enter principal office address		City	State Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island.
TO CONSTRUCT, REPAIR, REBUILD, CARE FOR AND MAINTAIN PROPERTY IN THE ASSOCIATION

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Philip R. Mania	Vice President Name None		
Street Address 50 Wilderness Trail	Street Address		
City Wakefield	State RI	Zip 02879	City State Zip
Secretary Name David P. Lavallee	Treasurer Name Pamela L. Lavallee		
Street Address 15 Dry Creek Farm Way	Street Address 15 Dry Creek Farm Way		
City Wakefield	State RI	Zip 02879	City Wakefield
	State RI	Zip 02879	State RI
			Zip 02879

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Street Address 50 Wilderness Trail	Street Address		
City Wakefield	State RI	Zip 02879	City State Zip
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			Zip 02879

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name PAMELA L. LAVALLEE	Address		
Address 15 DRY CREEK FARM WAY	City WAKEFIELD	Zip 02879	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 9 6 8 1 *

FILED

NOV 10 2003

By 65-93-2696-6

FOR SECRETARY OF STATE USE ONLY

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.

Pamela L. Lavallee 6/28/03
Signature of Officer Date

Pamela L. Lavallee
Print or Type Name of Officer

treasurer
Title of Officer

Filing Fee: \$20.00

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

NON-PROFIT CORPORATION

Corporate ID Number DNP-119681

Annual Report for the year 2002

- The name of the corporation is Dry Creek Farm Property Owners Association
- The state or other jurisdiction under the laws of which it is incorporated is RHODE ISLAND
- The address of the registered office of the corporation in this state is 804 BROAD ROCK ROAD WAKEFIELD, RI 02879-
and the name of its registered agent in this state at that address is PHILIP R. MANIA
- The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is residential life.
- If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is incorporated is U.a. Farm
- Corporate address in Rhode Island 15 Dry Creek Way Wakefield R.I. 02879.
- Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)

NAME	OFFICE	ADDRESS
<u>Philip R Mania</u>	Director	<u>50 Wilderness Trail Wakefield RI 02879</u>
<u>Pamela Lavalley</u>	Director	<u>15 Dry Creek Farm Wakefield RI 02879</u>
<u>David Lavalley</u>	Director	<u>15 Dry Creek Farm Wakefield RI 02879</u>
<u>Philip R Mania</u>	President	<u>50 Wilderness Trail Wakefield RI 02879</u>
<u>none</u>	Vice-President	
<u>David Lavalley</u>	Secretary	<u>15 Dry Creek Farm Wakefield RI 02879</u>
<u>Pamela Lavalley</u>	Treasurer	<u>15 Dry Creek Farm Wakefield RI 02879</u>

Dated: 7/30/02

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.

Dry Creek Farm Property Owners Association
Exact Name of Corporation



FOR SECRETARY OF STATE USE ONLY

FILED

File Date: AUG 06 2002

Check No.: BV 6 AB 288 24

By Philip R Mania
President
(Report must be signed by an officer)