



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
 Non-Profit Corporation

JUN 04 2021

BY 1138 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 <u>1191681</u>		2. Exact name of the Corporation <u>Dry Creek Farm Property Owners Association</u>			
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Construction, repair, care for and maintain property in association.</u>			
4. NAICS Code <u>813990</u>					
6. Principal Office Address <u>15 Dry Creek Farm Way</u>			City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Philip R. Maria</u>			Vice-President Name		
Street Address <u>50 Wilderness Trail</u>			Street Address		
City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>	City	State	Zip
Secretary Name <u>David P. Lavallee</u>			Treasurer Name <u>Pamela L. Lavallee</u>		
Street Address <u>15 Dry Creek Farm Way</u>			Street Address <u>15 Dry Creek Farm Way</u>		
City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>	City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>
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 <u>Philip R. Maria</u>			Director Name <u>Linda Bonneau</u>		
Street Address <u>50 Wilderness Trail</u>			Street Address <u>59 Dry Creek Farm Way</u>		
City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>	City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>
Director Name <u>David P. Lavallee</u>			Director Name		
Street Address <u>15 Dry Creek Farm Way</u>			Street Address		
City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>	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 <u>Pamela L. Lavallee</u>				Date <u>5/31/2021</u>	
Signature of Officer/Authorized Representative <u>Pamela L. Lavallee</u>					

MAIL TO:
 Division of Business Services
 148 W River Street Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov