



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
 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.

RECEIVED STATE
 R.I. DEPT. OF STATE
 BUS. SERVICES DIVISION
 2021 JUL - 2 PM 12:01

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 15 RELIANCE DRIVE			City BRISTOL	State R.I.	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 NONE		
Street Address 440 POPPASQUASH ROAD			Street Address		
City BRISTOL	State R.I.	Zip 02809	City	State	Zip
Secretary Name KATHY QUINN			Treasurer Name ROBERT SMYTH		
Street Address 420 POPPASQUASH ROAD			Street Address 15 RELIANCE DRIVE		
City BRISTOL	State R.I.	Zip 02809	City BRISTOL	State R.I.	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 ROBERT SMYTH		
Street Address 440 POPPASQUASH ROAD			Street Address 15 RELIANCE DRIVE		
City BRISTOL	State R.I.	Zip 02809	City BRISTOL	State R.I.	Zip 02809
Director Name KATHY QUINN			Director Name		
Street Address 420 POPPASQUASH ROAD			Street Address		
City BRISTOL	State R.I.	Zip 02809	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.					
<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 ROBERT SMYTH, TREASURER				Date JUNE 29, 2021	
Signature of Officer/Authorized Representative <i>Robert E. Smyth</i>					

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