



State of Rhode Island
Department of State - Business Services Division


Annual Report for the year: 2024

Non-Profit Corporation

- Filing period: February 1 - May 1
 → Filing Fee: \$20.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

APR 04 2024

1022

1. Entity ID Number 001668525		2. Exact name of the Corporation Wilderness Farm Residential Compound Homeowners Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island homeowners association			
4. NAICS Code 812990					
6. Principal Office Address 839G Ministerial Road			City Wakefield	State RI	Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Henry S. Craven			Vice-President Name Rachel Craven		
Street Address 839G Ministerial Road			Street Address 839G Ministerial Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Mark Mascheroni			Treasurer Name Elizabeth Thornton		
Street Address 839G Ministerial Road			Street Address 839G Ministerial Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 Henry S. Craven			Director Name Rachel Craven		
Street Address 839G Ministerial Road			Street Address 839G Ministerial Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Mark Mascheroni			Director Name Elizabeth Thornton		
Street Address 839G Ministerial Road			Street Address 839G Ministerial Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 Henry S. Craven				Date 2/24/24	
Signature of Officer/Authorized Representative 					

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