State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Non-Profit Corporation

APR 04 2024
1022

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

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 ☐

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 ☐

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.

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 **Henry S. Craven**	Date 2/24/24
Signature of Officer/Authorized Representative Henry S. Craven	

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

FORM 631 - Revised: 04/2023