



STATE OF RHODE ISLAND

Department of State - Business Services Division

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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.

1. Entity ID Number 000072893		2. Exact name of the Corporation Sweet Allen Farm Homeowners Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To provide an entity for the furtherance of the interests of the lot owners.			
4. NAICS Code 813910 - Business Asc.					
6. Principal Office Address 100 Foster Sheldon Rd			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 William J. Hodge III			Vice-President Name none		
Street Address 100 Foster Sheldon Rd			Street Address none		
City Wakefield	State RI	Zip 02879	City none	State none	Zip none
Secretary Name none			Treasurer Name David S. Ciochetto		
Street Address none			Street Address 355 Sweet Allen Farm Rd		
City none	State none	Zip none	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 Joe Collins			Director Name William J. Hodge III		
Street Address 61 Foster Sheldon Rd.			Street Address 100 Foster Sheldon Rd		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name David Ciochetto			Director Name none		
Street Address 355 Sweet Allen Farm Rd			Street Address none		
City Wakefield	State RI	Zip 02879	City none	State none	Zip none
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 David Ciochetto				Date 2024-04-22	
Signature of Officer/Authorized Representative 					

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

FILED
APR 24 2024
BY JDYES
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