



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.

REC'D RIDOS
24 MAY 9 PM 2:00

1. Entity ID Number 000508146		2. Exact name of the Corporation SANDYWOODS FARM, INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island To be operated exclusively for charitable and educational purpose within code			
4. NAICS Code 624229					
6. Principal Office Address 50 WASHINGTON SQUARE		City NEWPORT		State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name SUSAN BODINGTON			Vice-President Name CHRISTINE MURPHY		
Street Address 1 TOWN WAY			Street Address 423 UNION STREET		
City LITTLE COMPTON	State RI	Zip 02837	City PORTSMOUTH	State RI	Zip 02871
Secretary Name MARJORIE E. JENSEN			Treasurer Name ROBERT M. SABEL		
Street Address 425 SAMPAN AVENUE			Street Address 50 WASHINGTON SQUARE		
City JAMESTOWN	State RI	Zip 02835	City NEWPORT	State RI	Zip 02840
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 SUSAN BODINGTON			Director Name CHRISTINE MURPHY		
Street Address 1 TOWN WAY			Street Address 423 UNION STREET		
City LITTLE COMPTON	State RI	Zip 02837	City PORTSMOUTH	State RI	Zip 02871
Director Name ROBERT M. SABEL			Director Name MARJORIE E. JENSEN		
Street Address 50 WASHINGTON SQUARE			Street Address 425 SAMPAN AVENUE		
City NEWPORT	State RI	Zip 02840	City JAMESTOWN	State RI	Zip 02835
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 CHRISTIAN BELDEN				Date 2/20/2024	
Signature of Officer/Authorized Representative 					

FILED

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

MAY 09 2024
BY 15269

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FORM 631- Revised 12-2023