



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2025

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.

MAR 18 2025
BY *[Signature]*

1. Entity ID Number 000043982		2. Exact name of the Corporation OLDE SOUTH FARM LOT OWNERS ASSOCIATION, INC					
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island: TO OPERATE AND MAINTAIN OPEN SPACE ASSOCIATED WITH OLDE SOUTH FARM.					
4. NAICS Code 813312							
6. Principal Office Address 68 SECLUDED DRIVE				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 VACANT				Vice-President Name VACANT			
Street Address				Street Address			
City		State	Zip	City		State	Zip
Secretary Name VACANT				Treasurer Name DENNIS HILLIARD			
Street Address				Street Address 68 SECLUDED DRIVE			
City		State	Zip	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 DANIEL MORRISSEY				Director Name MICHAEL MARRAN			
Street Address 4 SECLUDED DRIVE				Street Address 1 SECLUDED DRIVE			
City WAKEFIELD		State RI	Zip 02879	City WAKEFIELD		State RI	Zip 02879
Director Name DANIEL FOGARTY				Director Name			
Street Address 61 CARDINAL LANE				Street Address			
City WAKEFIELD		State RI	Zip 02879	City		State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Charges 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.							
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>							
Name of Officer/Authorized Representative DENNIS C. HILLIARD						Date 3/3/2025	
Signature of Officer/Authorized Representative <i>Dennis C. Hilliard</i>							

MAIL TO:
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