



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>28473</b>		2. Name of Corporation <b>Middlebridge Association</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Corporate address in Rhode Island - Street Address <b>219 Middlebridge Road</b>		City <b>Wakefield</b>	Zip <b>02879</b>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>Encourage the cultural, recreational well being and the development of the area - non-profit, non-sectarian, non-partisan</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Timothy O'Neil</b>			Vice President Name <b>Scott Gagnon</b>		
Street Address <b>235 Middlebridge Rd.</b>			Street Address <b>308 Middlebridge Rd</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
Secretary Name <b>to be determined</b>			Treasurer Name <b>Alice A. Dery</b>		
Street Address			Street Address <b>219 Middlebridge Rd.</b>		
City	State	Zip	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
<b>THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23</b>					
Director Name <b>Warren Emmett</b>			Director Name <b>Leo H. Dery</b>		
Street Address <b>316 Middlebridge Rd.</b>			Street Address <b>219 Middlebridge Rd.</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
Director Name <b>Richard Rochette</b>			Director Name		
Street Address <b>18 Edwards Ave.</b>			Street Address		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name <b>Alice A. Dery</b>			Address		
Address <b>219 Middlebridge Rd.</b>			City <b>Wakefield</b>	Zip <b>02879</b>	

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



2 8 4 7 3

File Date **FILED**  
Check No. **JUN 20 2008**  
By: 107  
FOR SECRETARY OF STATE USE ONLY

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.

Alice A. Dery 6/18/08  
Signature of Officer Date

**Alice A. Dery**  
Print or Type Name of Officer

**Treasurer**  
Title of Officer