



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.

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------|----------------------------------------|-----------------|--------------|
| 1. Corporate ID No. 96881 | | 2. Name of Corporation BELLEVUE-OUCHRE POINT NEIGHBORHOOD ASSOCIATION | | | |
| 3. State of Incorporation RHODE ISLAND | | 4. Corporate address in Rhode Island - Street Address 122 TOURO STREET | | City NEWPORT | Zip 02840 |
| 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 NEIGHBORHOOD IMPROVEMENT ASSOCIATION | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name THOMAS P.I. GODDARD | | | Vice President Name JAMES E. MOORE | | |
| Street Address 12 LEROY AVENUE | | | Street Address 5 OCEAN LAWN AVENUE | | |
| City NEWPORT | State RI | Zip 02840 | City NEWPORT | State RI | Zip 02840 |
| Secretary Name SIDNEY S. GORHAM III | | | Treasurer Name SIDNEY S. GORHAM III | | |
| Street Address 104 MILL STREET | | | Street Address 104 MILL STREET | | |
| City NEWORT | State RI | Zip 02840 | City NEWORT | State RI | Zip 02840 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 | | | | | |
| Director Name THOMAS P.I. GODDARD | | | Director Name JAMES E. MOORE | | |
| Street Address 12 LEROY AVENUE | | | Street Address 5 OCEAN LAWN AVENUE | | |
| City NEWPORT | State RI | Zip 02840 | City NEWPORT | State RI | Zip 02840 |
| Director Name SIDNEY S. GORHAM III | | | Director Name NONE | | |
| Street Address 104 MILL STREET | | | Street Address | | |
| City NEWPORT | State RI | Zip 02840 | 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 TURNER C. SCOTT, ESQ. | | | Address 122 TOURO STREET | | |
| Address MILLER SCOTT & HOLBROOK | | | City NEWPORT | Zip 02840 | |

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



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BELLEVUE OUCHRE POINT
File Date **FILED**
Check No. **JUL 02 2008**
By: **26592**
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.

Signature of Officer
THOMAS P.I. GODDARD
Print or Type Name of Officer
PRESIDENT
Title of Officer