



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.<br>131494  |             | 2. Name of Corporation<br>Environmental Neighborhood Awareness Committee of Tiverton (ENACT) |                                   |                  |              |
| 3. State of Incorporation<br>Rhode Island  |             | 4. Corporate address in Rhode Island - Street Address<br>34 Chace Avenue                     |                                   | City<br>Tiverton | Zip<br>02878 |
| 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                                  |             |  |                                   |                  |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |             |  |                                   |                  |              |
| President Name<br>Gail Corvello  |             |  | Vice President Name<br>Lucy Pavao |                  |              |
| Street Address<br>190 Bay Street   |             |  | Street Address<br>88 Bay Street   |                  |              |
| City<br>Tiverton   | State<br>RI | Zip<br>02878   | City<br>Tiverton                  | State<br>RI      | Zip<br>02878 |
| Secretary Name<br>Robert Ferreira  |             |  | Treasurer Name<br>Gary Rose       |                  |              |
| Street Address<br>37 A Connell Street  |             |  | Street Address<br>34 Chace Avenue |                  |              |
| City<br>Tiverton   | State<br>RI | Zip<br>02878   | City<br>Tiverton                  | State<br>RI      | Zip<br>02878 |
| 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<br>Gail Corvello   |             |  | Director Name<br>Lucy Pavao       |                  |              |
| Street Address<br>190 Bay Street   |             |  | Street Address<br>88 Bay Street   |                  |              |
| City<br>Tiverton   | State<br>RI | Zip<br>02878   | City<br>Tiverton                  | State<br>RI      | Zip<br>02878 |
| Director Name<br>Robert Ferreira   |             |  | Director Name<br>Gary Rose        |                  |              |
| Street Address<br>37 A Connell Street  |             |  | Street Address<br>34 Chace Avenue |                  |              |
| City<br>Tiverton   | State<br>RI | Zip<br>02878   | City<br>Tiverton                  | State<br>RI      | Zip<br>02878 |
| 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   |             |  | Address                           |                  |              |
| Address  |             |  | City                              |                  | Zip          |

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



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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

Date

Gary P. Rose  
Print or Type Name of Officer

Treasurer  
Title of Officer

Form 631 Rev. 12/06