

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 2009

Filing Periods 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.	2. Name of Corporation						
82828	Friends of the Barrington Senior Center, Inc.						
3 State of Incorporation	4. Corporate address in	Rbode Island - Street Addr	255	City	21p		
R.I	281 Count	y Road		Barrington	02806		
5 Foreign corporation. Enter prin	cipal office address		City	State	Zip		
6. Brief Description of the character	of the affairs which are a	ctually conducted in Rhode	Island				
Financial sur	port to Ba	rrington Se	enior Center's Ou	itreach Servi	ces.		
7. NAMES AND ADDRESSE	OF THE OFFICER	S. CX" BOX FOR ATTA		BEFORE USING ATTAC	IMENTS		
President Name		•	Vice President Name				
John R. Veade	John R. Veader			Robert R. Faulkner			
Street Address			Street Address				
3 Ormand Dr.			10 Stratford	Ra.	Zø		
City	State	Zφ	Cuy		1 *		
Barrington	R.I.	02806	Barrington	R.I.	02806		
Secretary Name		Treasurer Name					
James A. Jacl	cson		D. Peter Shaw				
Street Address			Street Address				
9 Firestone Dr.			6 Vermont Ave.				
City	State	Zip	City		02806		
Barrington	R.I.	1 02806	Barrington /// Barrington Spaces	R.I.	and the state of t		
The state of the s	OKS OF A DOMESI) CORRORATION SHALL NOT Director Name	DESCRIPTION THREE	E (3). A.J. G.L. 7-0-23		
Director Name							
Sharon K. Brinkworth			Martha Scavongelli				
Street Address			Street Address				
5 Bitterswee			258 Nayatt Rd				
City:	State	Zip	City	State D. T.	^{Ζφ} 02806		
Barrington	R.I.	02806	Barrington	R.I.	102000		
Director Name			Director Name				
Ronald Hill®	gas s				<u></u>		
Street Address			Street Address				
Jenny's Lane				10	7/2		
City	State	Zip	City	State	Zip		
9. REGISTERED AGESTED	B I I	102806					
This information is currently	of record in the Offi	ce of the Secretary of S	State. Changes require filing of Fo	orm 641 - R.I.G.L. 7-6-13/	7-6-78		
This report mus	at be signed by eithe	r the President, Vice I	President, Secretary, Assistant S	ecretary, Treasurer, Rece	viver or Trustee		

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Under penalty of perjury, I declare and affirm the			
report, including any accompanying schedules an	d state	ments	, and that all
statements contained herein are true and correct.		1	1
D. Peter Shaw	05	13	09
Signature of Officer		L :	Date
D. Peter Shaw			
Print or Type Name of Officer			
Treasurer			
Tule of Officer	Fo	erm 63	1 Rev. 09/17