

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 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 negative fee of \$25.00

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1. Corporate ID No.	2. Name of Corporation					
26694	Arnold Mills Parade Association					
3. State of Incorporation	4. Corporate address in R	bode Island - Street Address	Gity:	Zip		
Rhode ISland	PO Bo	ox 7473		Cumberland	02864	
5. Foreign corporation. Enter prin	cipal office address		City	State	Zip	
6. Brief Description of the character	of the affairs which are act	ually conducted in Rhode Is	land			
Arnold Mills Parade			-			
7. NAMES AND ADDRESSES	OF THE OFFICERS	: ("X" BOX FOR ATTACI	MENT) [FILL IN SPACE	ES BEFORE USING ATT	ACHMENTS	
President Name			Vice President Name			
Joyce Hindle Koutsogi	ane, EdD	······	Joyce Fox			
Street Address 3 Old Hickory Drive			Street Address 500 Mendon Road, #156			
Cuny Cumberland	State RI	^{Zip} 02864	Attleboro	State MA	^{Zip} 02703	
Secretary Name Richard Sokoloski			Treasurer Name William Dennen			
Street Address 54 Bertha Avenue			Street Address 189 Sun Valley Drive			
City	State	Zip	City	State	Zip	
Woonsocket	RI	02895	Cumberland	RI	02864	
8. NAMES AND ADDRESSES	,	T .	•	•	•	
THE NUMBER OF DIRECTO			_			
Director Name	OKS OF A DOMESTIC	c (Miloide 151231112)	Director Name	<u> </u>	(3). K.H.G.Z. 7 0 23	
Susan Sokoloski.			Thomas Kenwood			
Street Address 54 Bertha Avenue			Street Address 8 Shelter Lane			
	T .	T				
Woonsocket	State RI	02895	Cunberland	State RI	^{Zip} 02864	
Director Name J. Richard CHarland			Director Name Kathleen Dennen			
Street Address 3139 Mendon Road			Street Address 8 Ethier Way			
City	State	Zip	City	State	Zip	
Cumberland	RI	02864	Cumberland	RI	02864	
9. REGISTERED AGENT IN	RHODE ISLAND	•		•		
This information is currently	of record in the Office	of the Secretary of Sta	te. Changes require filing of	Form 641 - R.I.G.L. 7-6-	-13/7-6-78	
This report must	t he signed by either t	the President Vice Pre	sident Secretary Assistan	t Secretary Treasurer R	eceiver or Trustee	

FILED	· · · · · · · · · · · · · · · · · · ·			
File Date JUN 0 3 2009				
Check No.	<u></u>			
Ву:				
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 hereig are true and correct.
June 2, 2009

Joyce	A.	Hindle	Koutsogiane,	EdD
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Print or Type Name of Officer

President

Signature of Officer

Title of Officer

Date