



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

Fee: \$20.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2009

1. Corporate ID No. 000026180

2. Name of Corporation LAKE PASCOAG ASSOCIATION INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 295 LAKE SHORE DRIVE

City or Town: PASCOAG

State: RI Zip: 02859 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

A NEIGHBORHOOD ORGANIZATION WHICH MAINTAINS THE ASSOCIATION OWNED WATERFRONT PROPERTY.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	BETH A NUNES	295 LAKE SHORE DR. PASCOAG, RI 02859 USA
SECRETARY	LINDA KLEGRAEFE	55 LAKEVIEW DRIVE PASCOAG, RI 02859 USA
PRESIDENT	GLENN KLEGRAEFE	55 LAKEVIEW DRIVE PASCOAG, RI 02859 USA
VICE PRESIDENT	JASON HINCHLIFFE	300 LAKE SHORE DR. PASCOAG, RI 02859 USA
DIRECTOR	TERRANCE HINCHLIFFE	285 LAKE SHORE DR. PASCOAG, RI 02859 USA
DIRECTOR	DAVID CARPENTIER	274 LAKE SHORE DR. PASCOAG, RI 02859 USA
DIRECTOR	BRIAN LEROUX	43 BEACH ROAD PASCOAG, RI 02859 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

BETH A. NUNES 295 LAKE SHORE DRIVE PASCOAG , RI 02859

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

Signed this 7 Day of June, 2009 at 1:46:41 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By BETH A. NUNES

Signature of Officer of the Corporation

☐ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or

☒ Treasurer or ☐ Receiver or ☐ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07