

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

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.

permity fee of \$25.00.						
1. Corporate ID No.	2. Name of Corporation					
131979	BRIGES	FARMS Im	PROJEMENT A	SSOCIATION, 1	<b>7</b> C	
3. State of Incorporation	•	Rhode Island - Street Address	•	City	Zip	
RI	30 Holly	WOOD AVE		NARRAGANSETT	0 2 88 2 0	
5. Foreign corporation. Enter prin	cipal office address		City	State	Zip	
6. Brief Description of the character						
CIVIC IMPROV	ewent of	BRIGES FAR	m 2		•	
7 NAMES AND ADDRESSES	OF THE OFFICERS	· ("Y" ROY FOR ATTACH	MENT) [ FILL IN SPACES BI	FFORE USING ATTACH	MENTS	
President Name	or the officers	. ( A DOATOR MINE!	Vice President Name			
SARAH RCI	nok		CHRISTINA DI COMES			
Street Address	_ <b></b>		Street Address			
30 Holly wood AUE			130 DAYTONA AUE			
City	State	Zip	City	State	<i>Zi</i> p	
NARRAEANSETT	8 L	02892	NARRAGANSETT	RE	02832	
Secretary Name			Treasurer Name			
JOE VITAL	C .	· · · · · · · · · · · · · · · · · · ·	Joseph F. CLARK			
Street Address			Street Address			
	NA AVE	T	owyllot OE		T	
City	State	Zip	City	State	Zip	
NARRAGANSETT	RI	0.588.2	NARRAGANSETT	RT	02882	
			CHMENT) TILL IN SPACES B			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7 Director Name					(3). K.I.G.L. /-0-23	
	T					
KEVIN CLOUART Street Address			BIII POUNCEY			
48 PALM BEACH AUE			49 Palm BEACH AVE			
City	State	Zip	City	State	Zip	
NARRAGANSETT	RI	02882	NARRA GAUSETT	RF	02882	
Director Name			Director Name			
LODIE SINCLAIR			RAYMOND MORROCCO			
Street Address			Street Address			
134 Day Tour			130 DAYTON			
City	State RI	02882	City	State	Zip	
NARRAGENSETS	1	10000	NARRAGAUSETT	RE	05885	
9. REGISTERED AGENT IN	KHODE ISLAND					
This information is currently	of record in the Office	e of the Secretary of State	e. Changes require filing of Form	n 641 - R.I.G.L. 7-6-13/7-	-6-78	
This report must	he signed by either	the President Vice Pres	ident Secretary Assistant Sec	retary Treasurer Receiv	er or Trustee	

	FILED
File Date Check No.	JUN 11 2009
Ву:	By 1/chas
]	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

Joseph Print or Type Name of Officer

TREASURER

Title of Officer