

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.I.. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.I.. 7-6-91) is subject to a

penalty fee of \$25.00.	1	7 8 7 8				
1. Corporate ID No.	2. Name of Cor	2. Name of Corporation				
28473		Middlebridge Association				
3. State of Incorporation	i i	ldress in Rhode Island - Street	Address	City	Zip	
	219 Middle	ebridge Road		Wakefield	02879	
5. Foreign corporation. Enter principal office address			Сйу	State	Ζip	
6. Brief Description of the c	baracter of the affairs whi	ich are actually conducted in F	Phode Island	<u> </u>		
Encourages the culti	ural, recreational we	Il being and the develor	ment of the area - non-profit	, non-sectarian, non-partis	an	
7. NAMES AND ADD	RESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) [ FILL IN SPA	ACES BEFORE USING ATT	ACHMENTS	
President Name			Vice President Name			
Timothy O'Neil			Scott Gagnon			
Street Address			Street Address			
235 Middlebridge Rd.			308 Middlebridge Rd			
City	State	Zip	City	State	Zip	
Wakefield	RI	02879	Wakefield	RI	02879	
Secretary Name			Treasurer Name			
to be determined			Alice A. Dery			
Street Address			Street Address 219 Middlebridge Rd.			
City	State	Zip	СИу	State	Ζip	
			Wakefield	RI	02879	
8. NAMES AND ADD	RESSES OF THE DII	RECTORS: ("X" BOX FOR	ATTACHMENT) TILL IN SP.	ACES BEFORE USING ATT	ACHMENTS	
THE NUMBER OF D	IRECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL	NOT BE LESS THAN THE	REE (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Warren Emmett			Leo H. Dery	Leo H. Derv		
Street Address			Street Address			
316 Middlebridge Rd.			219 Middlebridge Rd.			
City	State	Zip	Cuy	State	Zip	
Wakefield	RI	02768	Wakefield	RI	02879	
Director Name			Director Name			
Richard Rochette			i e			
Street Address			Street Address		** · · · · · · · · · · · · · · · · · ·	
18 Edwards Ave.						
City	State	Zip	City	State	Zip	
Wakefield	Ri	02879				
9. REGISTERED AGE	NT IN RHODE ISLA			'	1	
This information is cur	rently of record in th	e Office of the Secretary of	of State. Changes require filing	of Form 641 - R.I.G.L. 7-6-1	13/7-6-78	
<del></del>	····	<u>.</u>				
This repo	rt must be signed by	either the President, Vic	e President, Secretary, Assista	ant Secretary, Treasurer, Re	ceiver or Trustee	

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	Under penal
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1 10 10	statement c
File Date 6-18-09	11/1
rue Date	
118	Signature of
Check No	<u></u>
	Alice A. [
	Print or Type
FOR SECRETARY OF STATE USE ONLY	Treasur
TOR SECRETARY OF STATE USE ONLY	Title of Office
	rine of Opic

28473

Under penalty of perjury, I declare an report, including any accompanying so	hedules and statements, and that all
statements contained herein are true ar	d correct.
Alice A. Dery Print or Type Name of Officer	Date
Treasurer Title of Officer	

Form 631 Rev. 09/17