



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

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 penalty fee of \$25.00.

1. Corporate ID No. 29228		2. Name of Corporation WARREN'S POINT ASSOCIATION, INC	
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address ANN + HOPE INC, ONE ANN + HOPE WAY	
		City CUMBERLAND	Zip 02864-6918
5. Foreign corporation. Enter principal office address		City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name ALDEN READ		Vice President Name NONE	
Street Address 24 GRINNELL ROAD		Street Address	
City LITTLE COMPTON	State R.I.	Zip 02837	
Secretary Name CAROL GREGORY		Treasurer Name SAMUEL N. CHASE	
Street Address 4 LONG POND LANE		Street Address 15 LONG POND LANE	
City LITTLE COMPTON	State R.I.	Zip 02837	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS		THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23	
Director Name GARRY MEADE		Director Name SUSAN AHEARN	
Street Address 14 GRINNELL ROAD		Street Address 10 LONG POND LANE	
City LITTLE COMPTON	State R.I.	Zip 02837	
Director Name WARREN CLARK		Director Name CATHY TAYLOR	
Street Address 5 GRINNELL ROAD		Street Address 8 ATLANTIC DRIVE	
City LITTLE COMPTON	State R.I.	Zip 02837	
9. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78			

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

FILED	
File Date	JUN 18 2009
Check No.	
By	1094
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.

Signature of Officer
SAMUEL N. CHASE
Date
6/16/09
Print or Type Name of Officer
SAMUEL N. CHASE
Title of Officer
TREASURER