



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. 96881		2. Name of Corporation BELLEVUE-CHRE POINT NEIGHBORHOOD ASSOCIATION			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 122 TOURO STREET		City NEWPORT	Zip 02840
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island NEIGHBORHOOD IMPROVEMENT ASSOCIATION					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name THOMAS P.I. GODDARD			Vice President Name JAMES E. MOORE		
Street Address 12 LEROY AVENUE			Street Address 5 OCEAN LAWN AVENUE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name SIDNEY S. GORHAM III			Treasurer Name JAMES E. MOORE		
Street Address 104 MILL STREET			Street Address 5 OCEAN LAWN AVENUE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 THOMAS P.I. GODDARD			Director Name JAMES E. MOORE		
Street Address 12 LEROY AVENUE			Street Address 5 OCEAN LAWN AVENUE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Director Name SIDNEY S. GORHAM III			Director Name NONE		
Street Address 104 MILL STREET			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
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

96881

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

Date

Thomas P. I. Goddard

Print or Type Name of Officer

President

Title of Officer

BELLEVUE-CHRE POINT	6-19-09
File Date	
Check No.	27574
By:	mmc
FOR SECRETARY OF STATE USE ONLY	