

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 401.2 Filling 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.

penatty jee of \$23.00.						
1. Corporate ID No. 289.52	2. Name of Corporation The Sixty 5	SIX ACRES IM	iprovement Assoc	iATI ON		
3. State of Incorporation Rhode ISLAND	4. Corporate address in R	bode Island - Street Address JD ST.	7	Wakefield	Zip 02879	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6 Date Dockey Ch. Co. Co. Co.						
6. Brief Dexciption of the character of the affairs which are actually conducted in Rhode Island						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)						
PETER N.S. Comella			Vice President Name JEFFREY BERRY			
Street Address 400 POND ST.			Street Address 304 WINCHESTER DR.			
Wakefield	State RI	02879	Wake field	State RI	^{Zip} 02879	
Secretary Name JOAN LAUSIER			Treasurer Name DONATO J. FERRARA			
Street Address 408 POND ST.			Street Address 400 POND ST.			
WAKEFIELD	State RI	02879	WAKEFIELD	State RI	×10 02679	
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 Peter N.S. Comella			Jeffrey Berry			
	OND ST.		Street Address 304 U	JINCHESTER.	DR.	
cay WAKEFIELD	State R.I.	^{Z4} 02879	Watefield	State RI	^{Zip} 02819	
Director Name JOAN LAUSIER			DONATO J. FERRARA			
Street Address 408 FOND ST.			Street Address 400 fo.ND ST.			
WAKEFIELD 9. REGISTERED AGENT IN	State KI RHODE ISLAND	02879	WAKEFIELD	State RI	2ip 02879	
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						

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FILÉD	repo state
File Date	Signa
By: By	Print
FOR SECRETARY OF STATE USE ONLY	Title

Under penalty of perjury, I declare and affirm the report, including any accompanying schedules and	
statements contained herein are true and correct.	L 6/17/09
Signature of Officer PETER U.S., CON	Date
Print or Type Name of Officer	VE 114
Title of Officer	Farm 621 Page 00017