



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.<br>122215                                                                                                                |                                                                                       | 2. Name of Corporation<br>Downtown Pascoag Neighborhood Association |                     |                       |
| 3. State of Incorporation<br>RI                                                                                                              | 4. Corporate address in Rhode Island - Street Address<br>11 EAGLE PEAK ROAD PO BOX 62 |                                                                     | City<br>PASCOAG     | Zip<br>02859          |
| 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                                            |                                                                                       |                                                                     |                     |                       |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS            |                                                                                       |                                                                     |                     |                       |
| President Name<br>Christopher J Piccardi                                                                                                     |                                                                                       | Vice President Name<br>Elizabeth Marin                              |                     |                       |
| Street Address<br>11 EAGLE PEAK RD.                                                                                                          |                                                                                       | Street Address<br>424 Church Street                                 |                     |                       |
| City<br>PASCOAG                                                                                                                              | State<br>RI                                                                           | Zip<br>02859                                                        | City<br>Pascoag     | State<br>Rhode Island |
| Secretary Name<br>Barbara Schaubert                                                                                                          |                                                                                       | Treasurer Name<br>RAYMOND L. DAIGNAULT III                          |                     |                       |
| Street Address<br>182 North MAIN Street                                                                                                      |                                                                                       | Street Address<br>45 SPRING ST                                      |                     |                       |
| City<br>PASCOAG                                                                                                                              | State<br>RI                                                                           | Zip<br>02859                                                        | City<br>PASCOAG     | State<br>RI           |
| 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<br>Pauline Lima                                                                                                                |                                                                                       | Director Name<br>KAREN TAYLOR                                       |                     |                       |
| Street Address<br>1445 Spring Lake Rd.                                                                                                       |                                                                                       | Street Address<br>85 WEST IRONSTONE RD                              |                     |                       |
| City<br>Harrisville                                                                                                                          | State<br>RI                                                                           | Zip<br>02830                                                        | City<br>HARRISVILLE | State<br>RI           |
| Director Name<br>Amanda Birrell                                                                                                              |                                                                                       | Director Name                                                       |                     |                       |
| Street Address<br>145 Emerson Rd.                                                                                                            |                                                                                       | Street Address                                                      |                     |                       |
| City<br>Harrisville                                                                                                                          | State<br>RI                                                                           | Zip<br>02830                                                        | City                | State                 |
| 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

2:30

|                                 |                              |
|---------------------------------|------------------------------|
| File Date                       | <b>FILED</b>                 |
| Check No.                       | <b>JUN 24 2009</b>           |
| By                              | <b>By [Signature] 592905</b> |
| 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  
Christopher J Piccardi  
Print or Type Name of Officer  
President  
Title of Officer  
Date  
6/16/09