

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 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

. Corporate ID No.	2. Name of Con	voration		····	·····	
29052	SNUG HAF	SNUG HARBOR-EAST MATUNUCK CIVIC ASSOCIATION				
. State of Incorporation		dress in Rhode Island - Street		City	Zip	
RI	P O BOX 1	7		WAKEFIELD	02880	
5. Foreign corporation. Enter principal office address			City	State	Zip	
RAISE FUNDS FOR	SCHOLARSHIPS A	th are actually conducted in K ND OTHER CIVIC WO	PRKS			
	RESSES OF THE OF	FICERS: ("X" BOX FOR A	ITTACHMENT) 🔲 FILL IN SPACE	ES BEFORE USING ATTAC	CHMENTS	
resident Name			Vice President Name			
HARRY TENNEY			NANCY CYR-LARSON			
ireet Address 11 HARTFORD AVE.			Street Address / SO BAYFIELD DRIVE			
ity	State	Zip	Cuy	State	Zip	
VAKEFIELD	RI	02879	WAKEFIELD	R	02879	
ecretary Name AMES MOURNIGHAM			Treasurer Name ANNE S. LADD			
Street Address 84 VISCOUNT ROAD			Street Address 1270 pOST ROAD			
ity	State	Ζίψ	City	State	Zip	
'ARWICK	RI	02889	WAKEFIELD	RI	02879	
NAMES AND ADDE	ESSES OF THE DIR	ECTORS: ("X" BOX FOR	RATTACHMENT) TILL IN SPACE	ES BEFORE USING ATTA	CHMENTS	
HE NUMBER OF DI	RECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL N	OT BE LESS THAN THRI	EE (3). R.I.G.L. 7-	
irector Name			Director Name			
HARRY TENNEY			NANCY CYR-LARSON			
Street Address			Street Address			
41 HARTFORD AVE.			80 BAYFIELD DRIVE			
ity	State	Zip	City	State	Zip	
VAKEFIELD	RI	02879	WAKEFIELD	R1	02879	
Priector Name			Director Name ANNE S. LADD			
reet Address	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Street Address	——————————————————————————————————————	· ·	
34 VISCOUNT ROAD			1270 POST ROAD			
ty	State	Zip	City	State	Zip	
/ARWICK	RI	02889	WAKEFIELD	RI	02879	
REGISTERED AGEN				1	1 02010	
his information is curr	ently of record in the	e Office of the Secretary	of State. Changes require filing of	Form 641 - R.I.G.L. 7-6-13	1/7-6-78	

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all		
File Date 6-29-09	statements contained herein are true and correct.  Anne S. Lash 6/11/2		
Check No	Signatury of Officer Bate / ANNE S. LADD		
By:	Print or Type Name of Officer		
FOR SECRETARY OF STATE USE ONLY	TREASURER  Title of Officer Form 631 Rev. 09/17		