

A. Ralph Mollis, Secretary of Stat Corporations Division

148 W. River Stree Providence, RI 02904-261

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

401.222.3040

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. 2. Name of Corporation 26143 HARBOURS ASSOCIATION, INC. 3. State of Incorporation 4. Corporate address in Rhode Island - Street Address Zin ANCHORAGE WAY RHODE ISLAND **BARRINGTON** 02806 5. Foreign corporation. Enter principal office address City ZiD6. Brief Description of the character of the affairs which are actually conducted in Rhode Island **NEIGHBORHOOD WATERFRONT ASSOCIATION** 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Andrew Macken Street Address Street Address Harbour Road City Zip City State Zip Barrington RI 02806 Secretary Name Treasurer Name Martha Richardson **Bruce Ruttenberg** Street Address Street Address Hawthorne Avenue Harbour Road City State Zip City State Zip Barrington İRI 02806 Barrington RI l 02806 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 **Brian Jay** Bruce Ruttenberg Street Address Street Address Harbour Road Harbour Road State Zip State Barrington RI 02806 Barrington RI 02806 🐫 Director Name Director Name Frank Connor Street Address Street Address Harbour Road City State Zip City State

Barrington   CA   9. REGISTERED AGENT IN RHODE ISLAND	95211 I	TONS IONS
This information is currently of record in the Office of	of the Secretary of State. Cha	unges require filing of Form 641 - R.I.G.L. 7-6-13/7-78
This report must be signed by either th	e President, Vice President,	, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.
File Date  Check No.  By:  FOR SECRETARY OF STATE USE ONLY	FILED FEB 01 2010  109800  1:51	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 haveling the true and correct.    Signature of Officer   Date

HARBOURS ASSOCIATION, INC. Inc. Corporate ID No. 26143 Attachment No. 7

NAME	OFFICE	<u>ADDRESS</u>
Susan Fink	Assistant Secretary	Hawthorne Avenue Barrington, RI 02806