

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 2010

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 by \$25.00.					<i>y</i>
1. Corporate ID No.	2. Name of Cor	•			
145804		WN NEIGHBORHOOD			
3. State of Incorporation		4. Corporate address in Rhode Island - Street Address City Z			
RI		ENCY PLAZA #801		PROVIDENCE	02903
5. Foreign corporation. Enter principal office address			СИу	State	Zψ,
6. Brief Description of the cha	ractes of the affairs whi	ids are returilly another at is			
INACTIVE	to the egypting term	on the destany continued in i	assac istema		
7. NAMES AND ADDRI	ESSES OF THE OF	FICERS: ("X" BOX FOR A	ATTACHMENT) FILL IN .	SPACES BEFORE USING ATTACK	HMENTS
President Name			Vice President Name		
SUSAN R. LAPIDUS			VACANT		
Street Address			Street Address		
ONE REGENCY PLA					
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02903			
Secretary Name			Treasurer Name		
VACANT			VACANT		
Street Address			Street Address		
Сңу	State	Ziμ	City	State	Zip
0. 141170 4	!	1			
8. NAMES AND ADDRE	SSES OF THE DIR	RECTORS: ("X" BOX FOR	ATTACHMENT) FILL IN	SPACES BEFORE USING ATTAC	HMENTS
THE NUMBER OF DIRI	ECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHA	ALL NOT BE LESS THAN THREE	(3). R.I.G.L. 7-6-23
Threetor Name			Director Name		
<u>SUSAN R. LAPIDUS</u>			VACANT		
Street Address			Street Address		
ONE REGENCY PLA	ZA #801				~
City	State	Zip	Сйу	State	7/0-
PROVIDENCE	RI	02903			
Director Name			Director Name		
VACANT			VACANT		
Street Address			Street Aildress		
					207
City	State	Zip	GHj:	State	Zij
O DECISTEDED ACCES	IN BHODE ***	_		1	10:07 E
9. REGISTERED AGENT	IN RHODE ISLAN	(D			○ <====================================
This information is curren	itly of record in the	Office of the Secretary of	of State. Changes require filis	ng of Form 641 - R.I.G.L. 7-6-13/7	6.70
This report n	nust be signed by	either the President, Vic	e President, Secretary, Assi	istant Secretary, Treasurer, Receiv	ver or Trustee

This report must be signed by either the	President, Vice Pre	esident. Secretary, Assistant Secretary, Treasurer, Receiver or Trustee
1 45804		Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
heck No. APR 13 2011	kmc 10:07	statements contained herein are true and forrect. Susue R. hatteling Suprature of Officer Susawa R. hatter Susawa Susawa R. hatter Susawa Su
FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Officer PESI DEAS T Title of Officer Form 631 Rev. 09/17

CERTIFICATE OF FACT

I, Jusau R. Landus, attest that on or about January 2019 DOWNTOWN NEIGHBORHOOD ALLIANCE ceased to exist.
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The corporate officers/directors reflected on the 2009 annual report, were re-located per their employment & careers. I remain as the sole officer/director.

The 2010 annual report has been completed to reflect the sole officer/director and is being filed as part of the formal dissolution of DOWNTOWN NEIGHBORHOOD ALLIANCE.

Susan R. LaPidus, President

<u>4/12/11</u> Date