



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR
Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED
* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed to a penalty fee of \$25.00.

2010

1. Corporate ID No. 00015664		2. Name of Corporation FRIENDS OF 26 MAIN STREET			
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 724 PLEASANT ST		City PAWTUCKET	Zip RI
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 MAINTENANCE, RESTORATION AND PRESERVATION OF 26 MAIN ST, A PAWTUCKET LANDMARK					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAVID R. HARRISON			Vice President Name THOMAS P STONE		
Street Address 17 CHASE AVE			Street Address 60 DUNNELL LANE		
City WARREN	State RI	Zip 02885	City PAWTUCKET	State RI	Zip 02860
Secretary Name POLLY D. STILES			Treasurer Name POLLY D STILES		
Street Address 724 PLEASANT ST			Street Address 724 PLEASANT ST		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
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 CHARLES WHITE			Director Name DAVID R. HARRISON		
Street Address PO Box 1325			Street Address 17 CHASE AVE		
City PAWTUCKET	State RI	Zip 02860	City WARREN	State RI	Zip 02885
Director Name POLLY D STILES			Director Name THOMAS P. STONE		
Street Address 724 PLEASANT ST			Street Address 60 DUNNELL LANE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name POLLY D STILES			Address 724 PLEASANT ST		
Address			City PAWTUCKET	State RI	Zip 02860

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

MAY 13 2011
By 144406

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.

David Harrison
Signature of Officer Date
DAVID R. HARRISON
Print or Type Name of Officer
Pres
Title of Officer

File Date _____
Check No. _____
By: _____
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