

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 20/0 401.2

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 penalty fee of \$25.00.

penalty fee of \$25.00.			W. W. T.	
1. Corporate ID No.	2. Name of Corporation			
29401	WARWICK MALL MERCHANTS ASSOCIATION City Zip			
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address		City	1
RHODE ISLAND	400 BALD HILL RD, STE 100		WARWICK	02886 Zip
5. Foreign corporation. Enter pri	ncipal office address	Сиу	State	Zap
N/A				
Brief Description of the characte.	r of the affairs which are actually conducted in Rhode Isla	and		
ADVERTISING				
7. NAMES AND ADDRESSI	S OF THE OFFICERS: ("X" BOX FOR ATTACH	MENT) TILL IN SPACES B	EFORE USING ATTA	CHMENTS
President Name	TON	Vice President Name		
FETER J. JMHA		NANKY PALASCIANO		
Street Address 624 S. MAIN ST.		Street Address Spart Lake		
City WOONSacket	State R	W. Warwick	State RI	22893
Secretary Name Hidi Franke		William F Czepie		
Street Address QQVVIN ST		Street Address Cuntil a Drive		
Cumparland 8. NAMES AND ADDRESS	State C 230 2365 ES OF THE DIRECTORS: ("X" BOX FOR ATTAC		BEFORE USING ATT	
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 Peter J Smith		Narw Palasciano		
Street Address 10 24 S	, Main St	Street Address 5 8 B	ratt Lar	e_
INDONSOCKH	State Zip 0 2895	W. Wanvid	K State I	02893
Director Name Heid	i Naere	Director Name William	F Czep	iel
Street Address SO Garu	in St	Street Address (4nth1a	Dr.	
CUMBENANO 9. REGISTERED AGENT I	N RHODE ISLAND	N Kingtun	State RI	02852
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 mu	ust be signed by either the President, Vice Pre	sident, Secretary, Assistant Se	cretary, Treasurer, Re	eceiver or Trustee

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.
Mader Calacase
Signature of Officer / PALASCIANO
Print or Type Name of Officer VICE PRESIDENT
Title of Officer
Form 631 Rev. 09/17