

A. Ralpb Mollis, Secretary of State Corporations Division 148 W. River Street

Proyidence, RI 02904-2615 401.222.3040

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 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. 82828 2. Name of Corporation FRI enos of The Barrington Senior Center, Inc.							
3. State of Incorporation	4. Corporate address in Rbode Island - Street Address City Zip						
E I	281 County RD				Barrington	02806	
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 Financial Support to the Barrington Senior Center's Programs and Outreach							
Servius							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)							
President Name			Vice President Name				
Robert R. Jaulkner			Ralph Weaver				
Street Address			Street Address				
10 Stratford RD			21 Melrose Ave				
Barrington	State LT	D2804	Barringt	m	State RI	24 O 2 806	
Secretary Name			Treasurer Name				
James A. Jackson			D. Peter Shaw				
Street Address			Street Address				
8 Fireside Dr.			6 Vermont Ave				
Barrington	State RI	02806	Barringt	tem	State RI	0280 L	
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.1.G.L. 7-6-23							
Director Name	Director Name						
Sharon K. Brinkworth			John R. VEADER				
Street Address			Street Address				
5 Billersweet CT			3 Ormand Dr				
City	State	Zip	City		State	Zip	
BarringTON	RI	02806	Barrine	GTON	RI	02806	
Director Name Ronald Hillegass			Director Name				
Street Address —			Street Address				
53 Jenny Lane							
City	State	Zip	City		State	Ζip	
BarringTow	EI	02806	İ				
9. REGISTERED AGENT IN RHODE ISLAND							
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 must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee							
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— FILED	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 JUN 03 2011	D. Peter Shaw 05/29/11
Check No. By 1/2	Signature of Officer TREASURER D. PETER SHAW Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer