

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

N JN-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. 2. Name of Corpòration Friends of Harmony Village The		
3. State of Incorporation 4. Corporate address in Rbode Island - Street Address 29 Old Quarry Ru	N. Scituate 02857	
5. Foreign corporation. Enter principal office address	City — State RI Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Preserve and support historical and cultural bldgs. and getivities in Harmony Section of Glocester, RI.		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACH) President Name Laine Verity	Vice President Name  HICE Mack	
Street Address 11 Edge Wood Drive POBox 168	POBOX 122 Sawmill Rd	
Harmony State RI 210 02829	Harmony State TRI 02829	
Pauline Anderson	Treasurer Name UNISCIUL W. Holt	
Street Address Tourtellot Hill Rd	Street Address 29 Old Quarry Rol	
No. Scituate RI 20 02957	No, Scituate State RI 2402857	
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23		
R.N. Stineman	Director Name Katheen Lawton	
POBOX 387 Sawmill Rd	Street Address 269 Evans Rel.	
ttarmony same RI Zupoz829	Chepachet State RI 2402814	
Kevin Conave	Director Name	
Strong Address 190 x 387 Sawwill Rel	Street Address	
City Harmony State RI Zup 02829	City State Zip	
9. REGISTERED AGENT IN RHODE ISLAND = Priscilla W. Holt. 29 Old Quarry Rd, N. Scituate		
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 RI 02857		

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

File Date	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 porrect.  Truscullar W. Folt
Check No JUN 1 6 2011	Signature of Officer  Pristalla W. Holt  Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Treasurer Tule of Officer