

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 <u>20//</u>

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.	annual report within the time pres	ribed by law (R.I.G.L. 7-6	-91) is subject to a	
1. Corporate ID No. 2. Name of Corporation				
28322 Faions of the Water front Inc.				
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address	,	City	Zip	
Pahlide Liland 51 Kay Blvd.		10 EW MAI	02890	
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 Isla	nd Maintaining a c	ommunity or	annization	
concerned with the cirection + planning of the Newport water front & to educato the				
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Maintaining a community ung Anization Concluded with the circumst planning of the Newport water front to educate the Nahlic AS A mans to CIVI Improvement to Public Access. 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Vice President Name				
James Perrier	DAVID 11	ix ted		
Street Address	treet Address			
4 aggostall Hue	42 0101	11m Jt.		
New point BF 240	"New post	State RI	D2840	
Secretary Name Elizabeth MAthinas	Treasurer Name	HAMMER		
Street Address	Street Address //	· MAMINER		
111 Washington St.	51 Kay	Blud.		
Wewport Bt 2002840	Mewnorat	State R	02840	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACK	HMENT) FILL IN SPACES B	EFORE USING ATTACH	MENTS	
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23				
Ruth Kiker	Director Name	henhert		
Street Address 4 HOW OR I St.	Street Address 5 Map	sh St.		
Veryart state Rt 740	CuMewpart	State RI	02840	
Director Name of FURMER	Director Name OVA N NO	Mietry	-	
Street Address CAMERINE St.	Street Address Dear	choren St.		
9. REGISTERED AGENT IN RHODE ISLAND	Newport	State AL	02840	
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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	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	statements contained herein are true and correct.
Check No JUN 2 3 2011	Signature of Officer Date
By: BY 2331	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	TREASURER Title of Officer
	Form 631 Rev. 09/17