

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 2011

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 subj

1. Corporate ID No.	2. Name of Cor	2. Name of Corporation					
487225	MATUNUC	MATUNUCK CONSERVATION ASSOCIATION, INC.					
3. State of Incorporation	4. Corporate aa	ldress in Rhode Island - Street	City	Zip			
RI	212 Main 8	Street, Suite 4		Wakefield	02879		
5. Foreign corporation. Enter principal office address			City	State	Zip		
n/a							
6. Brief Description of the ch	aracter of the affairs whi	ch are actually conducted in k	Phode Island				
to ensure that any gro	owth and developm	ent within the communit	ty is consistent with environn	nental preservation, etc.			
7. NAMES AND ADDI	ESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT)	ACES BEFORE USING ATT	ACHMENTS		
President Name			Vice President Name				
Kevin Finnegan			Paul Hanson				
Street Address			Street Address				
Matunuck Beach Ro	oad		Osprey Road				
City	State	Ζįp	City	State	Zip		
Wakefield	RI	02879	Wakefield	RI	02879		
Secretary Name	•		Treasurer Name				
Audley Daley			Kevin Finnegan				
Street Address		<u> </u>	Street Address	Street Address		(A)	
39 Breakwater Road			Matunuck Beach Road			<u> </u>	
City	State	Zip	City	State	Zip 😄	क्षेत्र क्र	
Wakefield	RI	02879	Wakefield	RI	02 879		
			ATTACHMENT) TILL IN SP			_20 2()	
	RECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL	L NOT BE LESS THAN THI	<u>REE</u> (3). R.I.G.	L:-7-6-23	
Director Name			Director Name				
Kevin Finnegan			Paul Hanson			سلادي ۱	
Street Address			Street Address		**	Ā	
Matunuck Beach Road			Osprey Road		57	7 1	
City	State	Zip	Clly	State	Zip		
Wakefield	RI	02879	Wakefield	RI	02879		
Director Name Audley Daley			Director Name				
Street Address			Street Address				
39 Breakwater Road							
City	State	Zip	City	State	Zip		
Wakefield	RI	02879			'		
9. REGISTERED AGEN		•		Į.	1		
	ently of record in th	e Office of the Secretary	of State. Changes require filing	of Form 641 - R.I.G.L. 7-6-	13/7-6-78		
This information is curi		,	- 2 1				
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	t must be signed by	either the President, Vic	e President, Secretary, Assist	ant Secretary, Treasurer, Re	ceiver or Truste	ee	

	487225	///5/ 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		OCT 17 2011	statements contained herein are true and correct. C 1 Signature of Officer Date
Check No. By:		15-4424	Kevin Finnegan Print or Type Name of Officer
	FOR SECRETARY OF STATE USE ONLY		President Title of Officer Form 631 Rev. 09/17