



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 8235		2. Exact name of the Corporation Massasiut Village Association, Inc			
3. State of Incorporation RI		4. Corporate Address in RI - Street Address 13 Plymouth Drive		City Barrington	Zip 02806
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island Neighbor Beach Association					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Michael Brady			Vice-President Name Gary Terrell		
Street Address 6 Plymouth Drive			Street Address 11 Puritan Drive		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name William Snow			Treasurer Name Jeffrey Marshall		
Street Address 2 Sakonnet Drive			Street Address 13 Plymouth Drive		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name James Casciano			Director Name Jane Marshall		
Street Address 9 Plymouth Drive			Street Address 13 Plymouth Drive		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Director Name Steve Carter			Director Name		
Street Address 7 Plymouth Drive			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____
 Check No _____
 By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Jeffrey Marshall 05/10/2012
 Signature of Officer Date

Jeffrey Marshall
 Print or Type Name of Officer

Treasurer
 Title of Officer

FILED

MAY 21 2012

By *mnc*
 CA # 2028