



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/business

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. 66728		2. Exact name of the Corporation MINISTERIAL ROAD PRESERVATION ASSOCIATION			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To ensure the preservation of this rural and scenic roadway in South Kingstown.			
5. Principal office address c/o Kate O'Halley 2044 Ministerial Rd		City Wakefield	State RI	Zip 02879	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Rick Bicknell			Vice-President Name Kate O'Halley		
Street Address 2579 Ministerial Rd			Street Address 2044 Ministerial Rd		
City West Kingston	State RI	Zip 02892	City Wakefield	State RI	Zip 02879
Secretary Name William Wallace			Treasurer Name Johnna Bicknell		
Street Address 216 Ministerial Rd			Street Address 2579 Ministerial Road		
City Wakefield	State RI	Zip 02879	City West Kingston	State RI	Zip 02892
7. 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 Barbara Wallace			Director Name Gerald Groden		
Street Address 216 Ministerial Road			Street Address 961 Ministerial Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Kieran O'Halley			Director Name		
Street Address 2044 Ministerial Rd			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
8. 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 _____

FILED

Check No _____

MAY 21 2012

By: _____

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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 statements contained herein are true and correct.

Kate O'Halley **5/18/12**
 Signature of Officer Date

FOR SECRETARY OF STATE USE ONLY

Kate O'Halley
 Print or Type Name of Officer
Vice-President
 Title of Officer