



**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.<br><b>28473</b>  |                    | 2. Exact name of the Corporation<br><b>Middlebridge Association</b>   |   |                    |                          |
| 3. State of Incorporation<br><b>RI</b>  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Encourages the cultural, recreational well being and the development of the area-non-profit, non-sectarian, non-partisan.</b> |   |                    |                          |
| 5. Principal office address<br><b>219 Middlebridge Road</b>   |                    |   | City<br><b>Wakefield</b>                      | State<br><b>RI</b> | Zip<br><b>02879-7105</b> |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |   |   |                    |                          |
| President Name<br><b>Timothy O'Neil</b>   |                    |   | Vice-President Name<br><b>Scott Gagnon</b>    |                    |                          |
| Street Address<br><b>235 Middlebridge Rd.</b>   |                    |   | Street Address<br><b>308 Middlebridge Rd.</b> |                    |                          |
| City<br><b>Wakefield</b>  | State<br><b>RI</b> | Zip<br><b>02879</b>   | City<br><b>Wakefield</b>                      | State<br><b>RI</b> | Zip<br><b>02879</b>      |
| Secretary Name<br><b>to be determined</b>   |                    |   | Treasurer Name<br><b>Alice A. Dery</b>        |                    |                          |
| Street Address  |                    |   | Street Address<br><b>219 Middlebridge Rd.</b> |                    |                          |
| City  | State              | Zip   | City<br><b>Wakefield</b>                      | State<br><b>RI</b> | Zip<br><b>02879-7105</b> |
| 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<br><b>Warren Emmett</b>   |                    |   | Director Name<br><b>Leo H. Dery</b>           |                    |                          |
| Street Address<br><b>316 Middlebridge Rd</b>  |                    |   | Street Address<br><b>219 Middlebridge Rd</b>  |                    |                          |
| City<br><b>Wakefield</b>  | State<br><b>RI</b> | Zip<br><b>02879</b>   | City<br><b>Wakefield</b>                      | State<br><b>RI</b> | Zip<br><b>02879-7105</b> |
| Director Name<br><b>Richard Richette</b>  |                    |   | Director Name<br><b>tbd</b>                   |                    |                          |
| Street Address<br><b>18 Edwards Ave.</b>  |                    |   | Street Address                                |                    |                          |
| City<br><b>Wakefield</b>  | State<br><b>RI</b> | Zip<br><b>02879</b>   | 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 \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

JUN 11 2012

BY ///

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.

Signature of Officer

06/08/12

Date

**Alice A. Dery**

Print or Type Name of Officer

**Treasurer**

Title of Officer