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.	2. Exact name of the Corporation
000029837	**COMMON FENCE POINT IMPROVEMENT ASSOCIATION, THE**
3. State of Incorporation: **RI**	4. Brief description of the character of business conducted in Rhode Island: **THE SAFEGUARDING, MAINTAINING AND MANAGING OF THE BEACHES, CAUSEWAYS, RECREATION AREAS AND OTHER PROPERTIES ENTRUSTED TO IT BY DEED IN 1926**

5. Principal office address	City	State	Zip
933 ANTHONY ROAD	**PORTSMOUTH**	**RI**	**02871**

SECRETARY OF STATE CORPORATIONS DIV 2012 JUN 19 AM 10:02

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
DENNIS MACEDO	**1188 ANTHONY ROAD**	**PORTSMOUTH**	**RI**	**02871**

Vice-President Name	Street Address	City	State	Zip
NONE				

Secretary Name	Street Address	City	State	Zip
JACQUELINE SHEARMAN	**17 ISLAND ROAD**	**PORTSOUTH**	**RI**	**02871**

Treasurer Name	Street Address	City	State	Zip
MARILYN NAPIER	**975 ANTHONY ROAD**	**PORTSMOUTH**	**RI**	**02871**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
THOMAS MCHALE	**18 SUMMIT ROAD**	**PORTSMOUTH**	**RI**	**02871**

Director Name	Street Address	City	State	Zip
JOHN SILVIA	**39 CANTON AVENUE**	**PORTSMOUTH**	**RI**	**02871**

Director Name	Street Address	City	State	Zip
WILLIAM LUND	**1155 ANTHONY ROAD**	**PORTSMOUTH**	**RI**	**02871**

Director Name	Street Address	City	State	Zip
CARLTON JOHNSON	**650 RHODE ISLAND BLVD**	**PORTSMOUTH**	**RI**	**02871**

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 10:02
JUN 19 2012
By Confirm # 165939 KMC

Form No. 631
Revised: 05/2012
79481-1-715366

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.

MARILYN NAPIER 6/6/12
Signature of Officer — Date

Marilyn P. Napier
Print or Type Name of Officer

TREASURER
Title of Officer