



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.

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|---|----------------------|--|--|---------------------------|--------------------------|
| 1. Entity ID No. <u>29228</u> | | 2. Exact name of the Corporation <u>WARREN'S POINT ASSOCIATION, INC.</u> | | | |
| 3. State of Incorporation <u>RHODE ISLAND</u> | | 4. Corporate Address in RI - Street Address <u>ANN + HOPE INC. 1 ANN + HOPE WAY</u> | | City <u>CUMBERLAND</u> | Zip <u>02864-6918</u> |
| 5. Foreign corporation. Enter principal office address | | | City | State | Zip |
| 6. Brief description of the character of business conducted in Rhode Island <u>MAINTAINING A PRIVATE ROAD NETWORK</u> | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name <u>CAROL GREGORY</u> | | | Vice-President Name <u>- - -</u> | | |
| Street Address <u>4 LONG POND LANE</u> | | | Street Address | | |
| City <u>LITTLE COMPTON</u> | State <u>R.I.</u> | Zip <u>02837</u> | City | State | Zip |
| Secretary Name <u>SUSAN AHEARN</u> | | | Treasurer Name <u>SAMUEL N. CHASE</u> | | |
| Street Address <u>10 LONG POND LANE</u> | | | Street Address <u>15 LONG POND LANE</u> | | |
| City <u>LITTLE COMPTON</u> | State <u>R.I.</u> | Zip <u>02837</u> | City <u>LITTLE COMPTON</u> | State <u>R.I.</u> | Zip <u>02837</u> |
| 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 <u>DONALD McNAUGHTON</u> | | | Director Name <u>WARREN CLARK</u> | | |
| Street Address <u>14 GRINNELL ROAD</u> | | | Street Address <u>5 GRINNELL ROAD</u> | | |
| City <u>LITTLE COMPTON</u> | State <u>R.I.</u> | Zip <u>02837</u> | City <u>LITTLE COMPTON</u> | State <u>R.I.</u> | Zip <u>02837</u> |
| Director Name <u>JOSEPH AZRACK</u> | | | Director Name <u>BECKY McSWEENEY</u> | | |
| Street Address <u>28 GRINNELL ROAD</u> | | | Street Address <u>21 ATLANTIC DRIVE</u> | | |
| City <u>LITTLE COMPTON</u> | State <u>R.I.</u> | Zip <u>02837</u> | City <u>LITTLE COMPTON</u> | State <u>R.I.</u> | Zip <u>02837</u> |
| 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

FILED

File Date JUN 22 2012

Check No _____ By [Signature]

By: CA#118

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.

[Signature] 6/20/12
 Signature of Officer Date

SAMUEL N. CHASE
 Print or Type Name of Officer

TREASURER
 Title of Officer