



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. 27796		2. Exact name of the Corporation NORTH KINGSTOWN SENIOR ASSN., INC.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island PROVIDE PROGRAMS OF RECREATIONAL, SOCIAL, CULTURAL & EDUCATIONAL FOR SENIORS 55 AGE & OVER.			
5. Principal office address 44 BEACH ST. BOX 313		City N. KINGSTOWN	State RI	Zip 02852	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name JULES COHEN			Vice-President Name MARY MORELLO		
Street Address 85 SCRABBLETOWN ROAD			Street Address 139 SEABREEZE DRIVE		
City N. KINGSTOWN	State RI	Zip 02852	City N. KINGSTOWN	State RI	Zip 02852
Secretary Name MARTHA PARKS			Treasurer Name ROBERT NELSON		
Street Address 14 CHURCH LANE			Street Address 109 SUFFOLK DRIVE		
City N. KINGSTOWN	State RI	Zip 02852	City N. KINGSTOWN	State RI	Zip 02852
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name JULES COHEN			Director Name MARILYN BROOKS		
Street Address 85 SCRABBLETOWN ROAD			Street Address 314 SCHOOL STREET		
City N. KINGSTOWN	State RI	Zip 02852	City N. KINGSTOWN	State RI	Zip 02852
Director Name MARY MORELLO			Director Name ROBERT NELSON		
Street Address 139 SEABREEZE DRIVE			Street Address 109 SUFFOLK DRIVE		
City N. KINGSTOWN	State RI	Zip 02852	City N. KINGSTOWN	State RI	Zip 02852
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

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.

FILED

Signature of Officer

Date

JUN 22 2012

ROBERT NELSON
Print or Type Name of Officer

BY

3141
Title of Officer

ID # 27796

6 (CONT.)

2ND VICE PRESIDENT
MARILYN BROOKS
314 SCHOOL STREET
N. KINGSTOWN RI 02852

ASST. TREASURER
RICHARD HESTON
122 MURRAY AVENUE
N. KINGSTOWN RI 02852

7 (CONT.)

MARTHA PARKS
14 CHURCH STREET
N. KINGSTOWN RI 02852

RICHARD HESTON
122 MURRAY AVENUE
N. KINGSTOWN RI 02852

JEAN REPOSE
23D KREAK ROAD
N. KINGSTOWN RI 02852

NORMA ROBINSON
109 ELMWOOD DRIVE
N. KINGSTOWN RI 02852

JOAN MCCABE
69 SALISBURY AVENUE
N. KINGSTOWN RI 02852

BETTY D'AMICO
67 DANIEL DRIVE
N. KINGSTOWN RI 02852

TRUDY RINGUETTE
75 JEFFERSON DRIVE
N. KINGSTOWN RI 02852

BETH SPINK
329 LAFAYETTE ROAD
N. KINGSTOWN RI 02852

FILED

JUN 22 2012

BY ED 27796