



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. 31193		2. Exact name of the Corporation Shakespeare's Head Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Preservation of historic building			
5. Principal office address c/o Teleologix, PO Box 1115			City Slatersville	State RI	Zip 02876
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Alison Croke			Vice-President Name None		
Street Address 1800 Douglas Ave., #227			Street Address		
City N. Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Nancy Serpa			Treasurer Name Clifford Renshaw		
Street Address 2 Canonicus Ave.			Street Address 32 Edgehill Rd.		
City Newport	State RI	Zip 02840	City Providence	State RI	Zip 02906
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 Carole McLaughlin			Director Name Leeds Mitchell		
Street Address 24 Blackstone Blvd., Apt. 8			Street Address 14 Benefit Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02904
Director Name Dennis Stark			Director Name		
Street Address 19 Kenilworth Way			Street Address		
City Pawtucket, RI 02860	State	Zip	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

BY _____

FILED

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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.

Signature of Officer

Date

Clifford Renshaw

Print or Type Name of Officer

Treasurer

Title of Officer

\$ 20.00 + \$ 25.00 late fee = \$ 45.00 enclosed.