Filing Fee: \$20.00

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State **Corporations Division** 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

NON-PROFIT CORPORATION		
Corporate ID Number ND-271	65	Annual Report for the year 1999
The name of the corporation is _J. A. FINNEGAN HOME ASSOCIATION		
The state or other jurisdiction under the laws of which it is incorporated is Rhode Island		
3. The address of the registered office of the corporation in this state is 13 VANDEWATER STREET		
PROVIDENCE, RI 02908		
and the name of its registered agent in this state at that address is RAYMOND J. FALLON		
4. The character of the affairs	which it is actua	ally conducting in Rhode Island, briefly stated, is Realty holder for
		ts of Columbus. Conduct social & fraternal activi
5 If a foreign corporation, the	address of its p	ty rincipal office in the state or other jurisdiction under the laws of which it is
incorporated is		
6. Corporate address in Rhod	e Island $_{ m 13~V}$	andewater St Providence RI 02908
 Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).) 		
NAME	OFFICE	ADDRESS
Robert F Baker	_Director	98 Glenwood Dr Warwick RT 02889
Frank D Rivera	_Director	20 Cove Ct No Providence RI 02911
Mario D Petrarca	_Director	80 Lakeside Ave Cranston RIm 02910
Anthony J Campanelli	President 	16 Falco Ave No Providence RI 02911
Robert A Bergeron	Vice-President	15 Lisa Marie Circle Warwick RI 02886
Eli R Petrarca	Secretary –	61 Emanuel St
Raymond J Fallon	Treasurer –	380 Sharon Providence RI 02908
Dated: (/18/99		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.
		J. A. Finnegan Home Association
* 2 7 1 6 5 *		Exact Name of Corporation
File Date: (0-2)-1	NLY	By Raymord Follor
1128	_	Title Theasurer
Check No.: // Ø 0	-	(Report must be signed by an officer)
By:	-	Form No. NP-13