



**STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS**
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. *27165*		2. Name of Corporation J. A. FINNEGAN HOME ASSOCIATION			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island -Street Address 380 SHARON STREET		City PROVIDENCE	Zip 02908
5. Foreign corporation: Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island REALTY HOLDER FOR J A FINNEGAN COUNCIL KNIGHTS OF COLUMBUS. CONDUCT SOCIAL AND FRATERNAL ACTIVITIES FOR MEMBERS AND COMMUNITY.					
7. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS					
President Name ANTHONY J CAMPANELLI			Vice President Name ROBERT A BERGERON		
Street Address 16 FALCO AVE			Street Address 15 LISA MARIE CIRCLE		
City NORTH PROVIDENCE	State RI	Zip 02911	City WARWICK	State RI	Zip 02886
Secretary Name ELI R PETRARCA			Treasurer Name RAYMOND J FALLON		
Street Address 61 EMANUEL ST			Street Address 380 SHARON ST		
City NO. PROVIDENCE	State RI	Zip 02911	City PROVIDENCE	State RI	Zip 02908
8. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3) R.I.G.L. 7-6-23					
Director Name ROBERT T BAKER			Director Name FRANK D RIVERA		
Street Address 98 GLENWOOD DR			Street Address 20 COVE CT		
City WARWICK	State RI	Zip 02889	City NO. PROVIDENCE	State RI	Zip 02911
Director Name MARIO D PETRARCA			Director Name		
Street Address 75 MINNESOTA AVE Apt 116			Street Address		
City WARWICK	State RI	Zip 02888	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 641 -R.I.G.L. 7-6-13 / 7-6-78					
Agent Name RAYMOND J. FALLON			Address 380 SHARON STREET		
Address			City PROVIDENCE	Zip 02908-	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



**27165* 6/19/0312:09:28 AM*

File Date 6-23-03

Check No. 1541

By: [Signature]

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] 6/19/03
Signature of Officer Date
RAYMOND J. FALLON
Print or Type Name of Officer
Treasurer
Title of Officer