



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 2013

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. 541080		2. Exact name of the Corporation Wilcox East Neighborhood Associaton, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To promote the general welfare of the Wilcox East neighborhood.			
5. Principal office address 6 Narragansett Ave.		City Westerly	State RI	Zip 02891	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John Armstrong		Vice-President Name Jean Leo Gagnier			
Street Address 24 Spruce Street		Street Address 6 Narragansett Ave.			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Anthony Clancy		Treasurer Name Frederick C. Eckel, Jr.			
Street Address 11 Vose Street		Street Address 41 Grove Ave.			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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 Jean Leo Gagnier		Director Name John Armstrong			
Street Address 6 Narragansett Ave.		Street Address 24 Spruce Street			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Anthony Clancy		Director Name Frederick C. Eckel, Jr.			
Street Address 11 Vose Street		Street Address 41 Grove Ave.			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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

FILED

MAY 13 2013

BY 120

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] _____ **5/9/13**
 Signature of Officer Date

John Armstrong
 Print or Type Name of Officer
President
 Title of Officer

Attachment for Annual Report 2013
Wilcox East Neighborhood Association, Inc.

Kim Jones
20 Newton Ave., Westerly, RI 02891

Bruce Fusaro
79 Summer Street, Westerly, RI 02891

Ryan Adams
1 Newton Ave., Westerly, RI 02891

Gail Armstrong
24 Spruce Street
Westerly, RI 02891

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MAY 13 2013

BY 541080