



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. DVP 118176		2. Exact name of the Corporation The Warren Cousins, Incorporated			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Perpetuating the memory of Pilgrim Richard Warren, Mayflower passenger			
5. Principal office address 500 Waterfront Drive, #215		City East Providence	State RI	Zip 02914	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Debra K. Mina		Vice-President Name Richard S. Gilmore			
Street Address 5136 Route 219		Street Address 320 Newbury St.			
City Great Valley	State NY	Zip 14741	City Danvers	State MA	Zip 01923
Secretary Name Gail Adams		Treasurer Name Elsie D. Buffum			
Street Address 211 Fox Trot Way NW		Street Address 500 Waterfront Dr. #215			
City Leesburg	State VA	Zip 20176-2048	City East Providence	State RI	Zip 02914
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name George E. Bingham		Director Name Henry C. Adams			
Street Address 209 Lewis Road		Street Address 3 Todd Road			
City Belmont	State MA	Zip 02478	City Cape Elizabeth	State ME	Zip 04107
Director Name Harold F. Ordway, Jr.		Director Name			
Street Address 160 Baily Court		Street Address			
City Condon	State MA	Zip 02021	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

FILED

File Date _____

MAY 21 2013

Check No. _____

By: _____

mmc
CR # 2020

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.

Elsie D. Buffum **5-7-13**
Signature of Officer Date

Elsie D. Buffum
Print or Type Name of Officer

Treasurer
Title of Officer