



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. 30243		2. Exact name of the Corporation POND SHORE ASSOCIATION, INC.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO ACQUIRE, HOLD AND MANAGE RECREATIONAL FACILITIES			
5. Principal office address C/O CHARLES J. MCCARTHY, ESQ., 155 SOUTH MAIN S		City PROVIDENCE		State RI	Zip 02903
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name RICHARD J. RUGGIERO		Vice-President Name JEAN L. MCCARTHY			
Street Address POND SHORE DRIVE		Street Address POND SHORE DRIVE			
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
Secretary Name ELIZABETH M. RUGGIERO		Treasurer Name CRAIG LAPPEN			
Street Address POND SHORE DRIVE		Street Address POND SHORE DRIVE			
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
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 KARIN RIDDLE		Director Name THOMAS COSKER			
Street Address POND SHORE DRIVE		Street Address POND SHORE DRIVE			
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
Director Name EVELYN UNGARO		Director Name			
Street Address POND SHORE DRIVE		Street Address			
City CHARLESTOWN	State RI	Zip 02813	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

FILED

MAY 22 2013

BY

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

RICHARD J. RUGGIERO

Print or Type Name of Officer

PRESIDENT

Title of Officer

Date

5-18-13