



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

2013

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 00129926		2. Exact name of the Corporation Friends of India Point Park			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To promote, protect, maintain and expand India Point Park and areas in proximity to the Seekonk River, the Providence River and the Head of Narragansett Bay.			
5. Principal office address 87 John Street		City Providence	State RI	Zip 02906	
. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name David P. Riley		Vice-President Name Marjorie Prowling			
Street Address 87 John Street		Street Address 22 East Street			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Karen Usas		Treasurer Name Carl Farmer			
Street Address 15 John Street		Street Address 362 Benefit Street			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02903
. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Trudy Michaud		Director Name Copella Kahn			
Street Address 555 South Main Street, #213		Street Address 207 Williams Stree			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02906
Director Name Meredith Pearson		Director Name Patti Phillips			
Street Address 93 Sheldon Street		Street Address 42 Wade Street			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02903
. 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

FILED

Check No

JUN 6 2013

By:

BY [Signature] 198673

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.

Carl R Farmer

6 June 2013

Signature of Officer

Date

Carl Farmer

Print or Type Name of Officer

Treasurer

Title of Officer