



**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. <b>113076</b>		2. Exact name of the Corporation <b>Sachem Passage Association</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>To own, rent, lease, manage, encumber, improve, exchange, give, buy and sell real estate for the benefit of the members of the association.</b>			
5. Principal office address <b>P.O. Box 1443</b>			City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Peter D. Herstein</b>			Vice-President Name <b>Paul Raiche</b>		
Street Address <b>24 Mohegan Road</b>			Street Address <b>6 Albion Lane</b>		
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>West Newberry</b>	State <b>MA</b>	Zip <b>01985</b>
Secretary Name <b>John J. Kaptinski</b>			Treasurer Name <b>A. David Heilemann</b>		
Street Address <b>85 E. Quail Run</b>			Street Address <b>15 Woodcock Trail</b>		
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name <b>Peter D. Herstein</b>			Director Name <b>John J. Kaptinski</b>		
Street Address <b>24 Mohegan Road</b>			Street Address <b>85 E. Quail Run</b>		
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>
Director Name <b>A. David Heilemann</b>			Director Name <b>Joseph F. Quadrato</b>		
Street Address <b>15 Woodcock Trail</b>			Street Address <b>41 E. Quail Run</b>		
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>
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**

JUL 12 2013

459

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.

*A. David Heilemann*

7/10/2013

Signature of Officer

Date

**A. David Heilemann**

Print or Type Name of Officer

**Treasurer**

Title of Officer



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Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
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Director Name <b>Paul Raiche</b>			Director Name <b>Ronald J. Areglado</b>		
Street Address <b>6 Albion Lane</b>			Street Address <b>2 Partridge Run</b>		
City <b>West Newberry</b>	State <b>MA</b>	Zip <b>01985</b>	City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>
Director Name			Director Name		
Street Address			Street Address		
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JUL 12 2013

BY ID 113076

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.

*A. David Heilemann*

7/10/2013

Signature of Officer

Date

**A. David Heilemann**

Print or Type Name of Officer

**Treasurer**

Title of Officer