



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. 64318		2. Exact name of the Corporation SOUTH KINGSTOWN NEIGHBORHOOD CONGRESS			
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island A NON-PARTISAN VOICE FOR NEIGHBORHOOD GROUPS IN SOUTH KINGSTOWN, RHODE ISLAND			
5. Principal office address 60 WALDEN WAY		City WAKEFIELD		State R.I.	Zip 02879
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name LESLIE CHOUINARD		Vice-President Name MARC LEVITT			
Street Address 11 EMMETT LANE		Street Address 30 PINEHURST ST.			
City PEACE DALE	State R I	Zip 02883	City WAKEFIELD	State R.I.	Zip 02879
Secretary Name MARY O'ROURKE		Treasurer Name BARBARA DAVIS			
Street Address 60 WALDEN WAY		Street Address 1312 POST ROAD			
City WAKEFIELD	State R I	Zip 02879	City WAKEFIELD	State R I	Zip 02879
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 DAVID FLANDERS		Director Name JOANNE MELISH			
Street Address 1144 B CURTIS CORNER RD		Street Address 84 LAKE ST.			
City WAKEFIELD	State R I	Zip 02879	City WAKEFIELD	State R I	Zip 02879
Director Name JEFF MELISH		Director Name			
Street Address 84 LAKE ST		Street Address			
City WAKEFIELD	State R I	Zip 02879	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

JUL 19 2013

BY 135 Secretary

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.

Mary E. O'Rourke 7/15/13
Signature of Officer Date

MARY E. O'ROURKE
Print or Type Name of Officer

Secretary
Title of Officer