

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.

	AT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.
Entity ID No. 2. Exact name of the Corpora	tion
112158 11 Ran Par	· . / _ · "
110000 THE NUM	ON ASSOCIATION
State of Incorporation 4. Brief description of the char	racter of business conducted in Rhode Island
S.I. Lasto such word	Revised of "Rec Mambers From 1922-1967 City State Zip 2102540
. Principal office address	City State Zip
of Dervide Ave.	NOWDON RT. 02540
. LIST <u>all</u> officers (names and addresses) ("X" bo	X FOR ATTACHMENT)
resident Name	vice-riesident name
treet Adoress	Valarie Lae
125 MUSSY/ LUONIN	Street Address
	969 West Main Ad. State Zip
Tiverton State Zip 25'	78 Middletoury BI 125KO
ecretary Name	I Ireasurer Name
Ulroman Mays	Jo Anne Somwille
reet Address	Street Address
2013 East Main Rd.	22 Johnson Court
Portsmouth B.I Zip 28	71 Newport BI O2FKO
LIST <u>all</u> directors (names and addresses), Rhod ("X" BOX FOR ATTACHMENT)	E ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS
rector Name	Director, Name
Pauline Perkins-Mayo	Anita Dewitt
treet Address	Street Address
24 BUINSIDE AVE	7 Extension 5
Newport State R.I. Zip 128	40 City State Zip 25KU
rector Name . /	to Newport R.I OLSKO
UCOME Lee	Director Name 1)16 FORG JOHNSON
root Addroce	Street Address _
969 west Min Rd.	11 Mines troop
ty State / Zip	City / State Zip
Middletown B.K. 028	42 Portsmouth B. J. 02871
REGISTERED AGENT IN RHOUS ISLAND	
s information is currently of record in the Office of the Se	
This report must be signed by either the President, Vid	ce-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee
Rec. Reunion Association	1
P.O.Box 3712	
Newport, RI. 02840	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,
FILE I	and finat all statements contained herein are true and correct.
Check No	Paul Perku-Maria, 7/15/12
By: JUL 2.9 2	7012 Signature of Officer Date
By: JUL 2.9 /	COID Parking March
FOR SECRETARY OF STATE LINE TO 1/4	Print Type Name of Officer
rm No. 631	Corlopondin secretary
vised: 05/2012	Title of Officer
1	1/27/
1) Kesident	(Print) Date
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