



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2014

**1. Corporate ID No.** 000027165

**2. Name of Corporation** J. A. FINNEGAN HOME ASSOCIATION

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 16 FALCO AVENUE

City or Town: NORTH PROVIDENCE

State: RI Zip: 02911 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

REALTY HOLDER FOR J A FINNEGAN COUNCIL KNIGHTS OF COLUMBUS. CONDUCT SOCIAL AND FRATERNAL ACTIVITIES FOR MEMBERS AND COMMUNITY.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23*

Title	Individual Name	Address
PRESIDENT	First, Middle, Last, Suffix ANTHONY J CAMPANELLI	Address, City or Town, State, Zip Code, Country 16 FALCO AVENUE NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	ROBERT T. BAKER	98 GLENWOOD DRIVE WARWICK, RI 02889 USA

DIRECTOR	ELI PETRARCA	61 EMANUEL ST NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	JAMES TRAVIS	567 WOONASQUATUCKET AVE NORTH PROVIDENCE, RI 02911 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

R.J. CONNELLY, III, ESQ. CONNELLY LAW OFFICES 372 BROADWAY, SUITE A PAWTUCKET , RI 02860

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.**

**Signed this 30 Day of April, 2014 at 10:06:40 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By ANTHONY CAMPANELLI  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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