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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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.	2. Exact name of the Corporation
0026328	Downey - Weaver Rst 34 Building Ass.
3. State of Incorporation: Rhode Island	4. Brief description of the character of business conducted in Rhode Island

5. Principal office address	City	State	Zip
20 Whipple Drive Cha	CharlesTown	R.I.	02813

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Erick Michaud	104 Buckeye Brook Rd	CharlesTown	R.I.	02813

Vice-President Name	Street Address	City	State	Zip
Dick Hurley	114A Columbia Heights Rd	Charlestown	R.I.	02813

Secretary Name	Street Address	City	State	Zip
Jerry Peloquin	48 North Rd	Shannock	R.I.	02825

Treasurer Name	Street Address	City	State	Zip
Erick Michaud	104 Buckeye Brook Rd	Charlestown	R.I.	02813

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Erick Michaud	104 Buckeye Brook Rd	CharlesTown	R.I.	02813

Director Name	Street Address	City	State	Zip
Dick Hurley	114A Columbia Heights Rd	Charlestown	R.I.	02813

Director Name	Street Address	City	State	Zip
Jerry Peloquin	48 North Rd	Shannock	R.I.	02825

Director Name	Street Address	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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
MAY 05 2014
BY 1908

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.

Erick Michaud 4 May 14
Signature of Officer or Authorized Representative Date

Erick Michaud
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014