



**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. 000519689

2. Name of Corporation Coventry High School Alumni Association, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 40 RESERVOIR ROAD

City or Town: COVENTRY

State: RI Zip: 02816 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

TO OPERATE AS A CHARITABLE EDUCATIONAL ASSOCIATION WHICH SHALL RAISE MONEY

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	ERNEST DIMICCO	PO BOX 477 COVENTRY, RI 02816 USA
TREASURER	MAUREEN JENDZEJEC	26 ROBBINS DRIVE COVENTRY, RI 02816 USA

SECRETARY	AMY CRONIN	52 WIESTERIA DRIVE COVENTRY, RI 02816 USA
VICE PRESIDENT	STACY B FERRARA	1070 MAIN STREET COVENTRY, RH 02816
DIRECTOR	ERNEST DIMICCO	P.O. BOX 477 COVENTRY, RI 02816 USA
DIRECTOR	AMY CRONIN	52 WISTERIA DRIVE COVENTRY, RI 02816 USA
DIRECTOR	JAMES KUIPERS	20 GINGER TRAIL COVENTRY, RI 02816 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

STACY B. FERRARA, ESQ. 505 TIOGUE AVENUE, SUITE B COVENTRY , RI 02816

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

Signed this 12 Day of May, 2014 at 1:44:43 PM 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 STACY B. FERRARA
Signature of Authorized Person

Form No. 631
Revised 09/07

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