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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
29964	PLUM POINT SHORES IMPROVEMENT ASSOCIATION, INC.
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: BEACH COMMUNITY EVENTS

5. Principal office address	City	State	Zip
35 RIPTIDE DRIVE	SAUNDERSTOWN	RI	02874

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

President Name	Street Address	City	State	Zip
BRIAN SHANLEY	55 ABALONE DRIVE	SAUNDERSTOWN	RI	02874

Vice-President Name	Street Address	City	State	Zip
SYLVIA WHITELEY	14 LORELEI DRIVE	SAUNDERSTOWN	RI	02874

Secretary Name	Street Address	City	State	Zip
DIANE MORROCCO	11 HIGHVIEW DRIVE	CRANSTON	RI	02820

Treasurer Name	Street Address	City	State	Zip
EDWARD A. PASSARELLI JR.	35 RIPTIDE DRIVE	SAUNDERSTOWN	RI	02874

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
EDWARD MARCELLO	51 RIPTIDE DRIVE	SAUNDERSTOWN	RI	02874

Director Name	Street Address	City	State	Zip
MARIA PASSARELLI	35 RIPTIDE DRIVE	SAUNDERSTOWN	RI	02874

Director Name	Street Address	City	State	Zip
PATRICIA MARCELLO	51 RIPTIDE DRIVE	SAUNDERSTOWN	RI	02874

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 22 2014

BY _____

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.

Signature of Officer or Authorized Representative — Date: 05/21/14

EDWARD A. PASSARELLI JR.
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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