



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. 000026180

2. Name of Corporation LAKE PASCOAG ASSOCIATION INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 295 LAKE SHORE DRIVE

City or Town: PASCOAG

State: RI Zip: 02859 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

A NEIGHBORHOOD ORGANIZATION WHICH MAINTAINS THE ASSOCIATION OWNED WATERFRONT PROPERTY.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
TREASURER	BETH A NUNES	295 LAKE SHORE DR. PASCOAG, RI 02859 USA
SECRETARY	LINDA KLEGRAEFE	55 LAKEVIEW DRIVE PASCOAG, RI 02859 USA

PRESIDENT	GLENN KLEGRAEFE	55 LAKEVIEW DRIVE PASCOAG, RI 02859 USA
VICE PRESIDENT	JASON HINCHLIFFE	300 LAKE SHORE DR. PASCOAG, RI 02859 USA
DIRECTOR	BRIAN BOUCHER	81 SHADY LANE PASCOAG, RI 02859 USA
DIRECTOR	DAVID CARPENTIER	274 LAKE SHORE DR. PASCOAG, RI 02859 USA
DIRECTOR	BRIAN LEROUX	43 BEACH ROAD PASCOAG, RI 02859 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

BETH A. NUNES 295 LAKE SHORE DRIVE PASCOAG , RI 02859

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

Signed this 2 Day of June, 2014 at 5:10:49 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 BETH A. NUNES
Signature of Authorized Person

Form No. 631
Revised 09/07

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