



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. 75113		2. Exact name of the Corporation Lymanville Neighborhood Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Betterment of Lymanville Neighborhood			
5. Principal office address 68 Greenville Ave.		City N. Providence		State RI	Zip 02911
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Donato Cecere, Jr.			Vice-President Name Donato Cecere, Sr.		
Street Address 39 Greenville Ave			Street Address 39 Greenville Ave		
City N. Providence	State RI	Zip 02911	City N. Providence	State RI	Zip 02911
Secretary Name Paula M. Cuculo			Treasurer Name Maryann Cecere		
Street Address 68 Greenville Ave			Street Address 39 Greenville Ave		
City N. Providence	State RI	Zip 02911	City N. Providence	State RI	Zip 02911
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Donato Cecere, Jr.			Director Name Maryann Cecere		
Street Address 39 Greenville Ave			Street Address 39 Greenville Ave		
City N. Providence	State RI	Zip 02911	City N. Providence	State RI	Zip 02911
Director Name Paula Cuculo			Director Name		
Street Address 68 Greenville Ave			Street Address		
City N. Providence	State RI	Zip 02911	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

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.

FILED

JUN 02 2014

BY 514

Paula M. Cuculo Sec. 5/30/14
Signature of Officer or Authorized Representative Date

Paula M. Cuculo Secretary
Print or Type Name of Officer or Authorized Representative