

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

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1. Entity ID No.	2. Exact name of	of the Corporation	ITAGE ASSOC.		
124031	1 .	·			
3 State of Incorporation	Po Box 4. Brief descript	ion of the character of h	rain and an advantage in 17th and 18th and	RT 02	
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Knode Island	contribut	and of Swede	forther scand ge	oples, th	e historie
5. Principal office address	1 in i	Log R.L., MILL	City,	State	Zip
SEC.) 5 INDTAIN	/ TRAIL-	SOUTH	WAKEFIELD	RI	02879-1914
6. LIST ALL OFFICERS (NAME President Name	S AND ADDRESS	SES) ("X" BOX FOR AT			
KENDALL SVENO	G4/TS		Vice-President Name	,	
Street Address	7.		Street Address		
204 WYASSUP	KD.				
N. STONINGTON	State	06359	City	State	Zip
Secretary Name MERLENE N	1AYETT	E	PAUL SWANS	SON	
Street Address <i>5 エNDIAN 17</i>	7AT1-50	UTH	Street Address	DR.	
City	State	Zip	City	State	Zip
WAKEFIELD	LK I	02879-1914	EAST GREENWICH	7 171	02818
("X" BOX FOR ATTACHMENT	ES AND ADDHES) [SSES). FIHODE ISLAND	CORPORATIONS MUST LIST N	O LESS THAN T	THREE (3) DIRECTORS
Director Name	N/C		Director Name	<u> </u>	
Street Address	IVE		ALVIN JOHNSON	<u></u>	
139 PINE GL	EN DR.		Street Address RANDALL	AVE	
city EAST GREEN WICH	State DT	2ip 02818	City N DDAU+DENIAH	State	02911-2902
Director Name	<u> 1) 4-</u>	Wacio	Director Name	<u> </u>	109711-2902
ELLEN SVENC Street Address	BALIS		KAREN SODER	BERG-	-GOMEZ
204 WYASSUF	PRD		Street Address 24 CRESTMON	IT DA	₹.
City AL STANTAIN TOLAN	State /	^{Zip} 06359	City ADALTALA	State	Zip
3. REGISTERED AGENT IN RIHO	DE ISLAND	100037	UTRULLIVA	RI	02812-1129
		ice of the Secretary of	State. Changes require filing For	m 641.	
This report must be signed by either or Trustee	or the President, V	/ice-President, Secretary	, Assistant Secretary, Treasurer, du	ly Authorized Re	presentative, Receiver
i Trasi oo					
File Date		ru ED	Under penalty of perjury, I dec this report, including any acco	impanying scho	edules and statements.
		FILED	and that all statements contain	ned herein are t	rue and correct.
Check No		JUN 0 6 20	W MOH POND T	Walter	tto 5-2-101
Ву:		() () () () () () () () () ()	Signature of Officer or Authorize	d Bepresentative	Date
FOR SECRETARY OF STATE U	SE ONLY	<u>UM0</u>	AATDI TIL	• A A A .	/
N- CD4		1	MEKLENE	/Y(A)	YELLE.
orm No. 631 evised: 04/2014			Print or Type Name of Officer or	Authorized Repr	esentative
			Souhotakie		