



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. 000162392

2. Name of Corporation Swamptown Enterprises

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 156 HIDEAWAY LANE

City or Town: NORTH KINGSTOWN

State: RI Zip: 02852 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 DOCUMENT, PRESERVE, PROTECT AND PROMOTE THE HISTORIC, MARITIME AND ARTISTIC HERITAGE OF THE COMMUNITY OF NORTH KINGSTOWN

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
DIRECTOR	First, Middle, Last, Suffix KAREN-LU LAPOLICE	Address, City or Town, State, Zip Code, Country 50 ANGEL AVENUE NORTH KINGSTOWN, RI 02852
PRESIDENT	G. TIMOTHY CRANSTON	156 HIDEAWAY LANE NORTH KINGSTOWN, RI 02852 USA

DIRECTOR	SUSAN AYLWARD	309 W. ALLENTON RD N. KINGSTOWN, RI 02852 USA
DIRECTOR	RACHEL PEIRCE	122 PLEAANT ST N. KINGSTOWN, RI 02852 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**

G. TIMOTHY CRANSTON 156 HIDEAWAY LANE NORTH KINGSTOWN , RI 02852-

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

Signed this 9 Day of June, 2014 at 3:41:51 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 G. T. CRANSTON
Signature of Authorized Person

Form No. 631
Revised 09/07

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