



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. 000040343

2. Name of Corporation RUMFORD TOWERS RESIDENTS ASSOCIATION

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 95 NEWMAN AVENUE
APT #606

City or Town: RUMFORD State: RI Zip: 02916 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

HOUSING FOR THE ELDERLY

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
PRESIDENT	THOMAS P HARRINGTON	95 NEWMAN AVE., #606 RUMFORD, RI 02916 USA
TREASURER	GORDON REELS	105 NEWMAN AVE., #1009 RUMFORD, RI 02916 USA

SECRETARY	ROSEANN ARNOLD	95 NEWMAN AVE., #712 RUMFORD, RI 02916 USA
VICE PRESIDENT	HAROLD GREENE	95 NEWMAN AVE., #1111 RUMFORD, RI 02916 USA
DIRECTOR	JOSEPH REZENDES	105 NEWMAN AVE., #501 RUMFORD, RI 02916 USA
DIRECTOR	GAIL RYAN	95 NEWMAN AVE., #1113 RUMFORD, RI 02916 USA
DIRECTOR	BARBARA KURCZAP	105 NEWMAN AVE., #603 RUMFORD, RI 02916 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

THOMAS P HARRINGTON 95 NEWMAN AVENUE, APT. 606 RUMFORD , RI 02916

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

Signed this 14 Day of June, 2014 at 1:16:52 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 THOMAS P. HARRINGTON
Signature of Authorized Person

Form No. 631
Revised 09/07

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