RI SOS Filing Number: 201440857230 Date: 06/16/2014 1:02 PM

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. 000027354

2. Name of Corporation THE FORT NECK ASSOCIATION

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: PO BOX 616
City or Town: CHARLESTOWN State: RI Zip: 02813 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

NEIGHBORHOOD ASSOCIATION

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JANET WILSON	68 KING TOM DRIVE CHARLESTOWN, RI 02813 USA
TREASURER	DEBORAH CUMMINS	77 KING TOM DRIVE CHARLESTOWN, RI 02813 USA
VICE-PRESIDENT	LYNN VARADIAN	12 KING TOM DRIVE

0-6384-0

		CHARLESTOWN, RI 02813 USA
SECRETARY	CHERYL GOEWEY	4640B OLD POST ROAD CHARLESTOWN, RI 02813 USA
DIRECTOR	PAT REPP	74 KING TOM DRIVE CHARLESTOWN, RI 02813 USA
DIRECTOR	FRED COONEY	49 KING TOM DRIVE CHARLESTOWN, RI 02813 USA
DIRECTOR	WILL APPLEGATE	2 KING TOM DRIVE CHARLESTOWN, RI 02813 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

WILLIAM APPLEGATE 96 KING TOM DRIVE P.O. BOX 616 CHARLESTOWN , RI 02813

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

Signed this 16 Day of June, 2014 at 1:03:53 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 DEBORAH CUMMINS
Signature of Authorized Person

Form No. 631
Revised 09/07