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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.	2. Exact name of the Corporation
28952	The Sixty Six Acres Improvement Association
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: TO PRESERVE AND PAY TAXES RELATING TO ASSOCIATION OWNED PROPERTY (VACANT) AT PT. JUDITH POND SHORES

5. Principal office address	City	State	Zip
400 POND ST.	WAKEFIELD	RI	02879

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
PETER N.S. COMELLA	ORVILLE KENNERSON
Street Address: 400 POND ST.	Street Address: 245 WINCHESTER DR.
City: WAKEFIELD State: RI Zip: 02879	City: WAKEFIELD State: RI Zip: 02879
Secretary Name: JOAN LAUSIER	**Treasurer Name:** DONATO J. FERRARA
Street Address: 408 POND ST.	Street Address: 400 POND ST.
City: WAKEFIELD State: RI Zip: 02879	City: WAKEFIELD State: RI Zip: 02879

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
PETER N.S. COMELLA	ORVILLE KENNERSON
Street Address: 400 POND ST	Street Address: 245 WINCHESTER DR.
City: WAKEFIELD State: RI Zip: 02879	City: WAKEFIELD State: RI Zip: 02879
Director Name: JOAN LAUSIER	**Director Name:** DONATO J. FERRARA
Street Address: 408 POND ST.	Street Address: 400 POND ST.
City: WAKEFIELD State: RI Zip: 02879	City: WAKEFIELD State: RI Zip: 02879

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

FOR SECRETARY OF STATE USE ONLY
File Date
Check No
By:

FILED
JUN 17 2014
BY

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.

Peter N.S. Comella 6-16-14
Signature of Officer or Authorized Representative — Date

PETER N.S. COMELLA, PRESIDENT
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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