



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. 000031046

2. Name of Corporation SEA LEA COLONY ASSOCIATES, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 20 FIFTH AVE
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

MAINTAIN ROADS AND COMMON PROPERTY

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	JOHN HARINGTON	20 FIFTH AVE CHARLESTOWN, RI 02813 USA
TREASURER	NANCY G. WALZ	176 KINNEY ROAD AMSTON, CT 06231 USA
SECRETARY	MERCEDES CLIFFORD	202 SUMTER ST.

		PROVIDENCE, RI 02907 USA
VICE PRESIDENT	TIMOTHY SABURN SABURN	17 WOOD CLIFF LAKE RD. SADDLE RIVER, NJ 07458 USA
DIRECTOR	MARJORIE PATTON	PO BOX 532 CHARLESTOWN, RI 02813 USA
DIRECTOR	WILLIAM TWEDELL	PO BOX 1463 CHARLESTOWN, RI 02813 USA
DIRECTOR	TIMOTHY URBAN	176 KINNEY ROAD AMSTON, CT 06231 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**

DAVID LANDRY 25 THIRD STREET 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 18 Day of June, 2014 at 5:44:53 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 NANCY G. WALZ
Signature of Authorized Person

Form No. 631
Revised 09/07

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