



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.** 000026134

**2. Name of Corporation** HARBOUR ISLAND IMPROVEMENT ASSOCIATION

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: P.O. BOX 685  
City or Town: NARRAGANSETT State: RI Zip: 02882 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**

IMPROVEMENT OF HARBOUR ISLAND COMMUNITY

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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
SECRETARY	TRUDY MCKENDRY	25 HARBOUR ISLAND ROAD NARRAGANSETT, RI 02882 USA
VICE PRESIDENT	GINA ANKNER	74 CEDAR ISLAND ROAD NARRAGANSETT, RI 02882 USA
PRESIDENT	MARK GORDON	1 CHAMPLIN COVE ROAD

		NARRAGANSETT, RI 02882 USA
TREASURER	KAREN ANTONS	219 PINE STREET REHOBOTH, MA 02779 USA
DIRECTOR	DENNIS DAMATO	213 MAIN STREET MEDWAY, MA 02053 USA
DIRECTOR	ROBERT PERFETTO	15 HARBOUR ISLAND ROAD NARRAGANSETT, RI 02822 USA
DIRECTOR	DAVID MCKENDRY	25 HARBOUR ISLAND ROAD NARRAGANSETT , RI 02882 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**

STUART B. MASON 53 CEDAR ISLAND ROAD NARRAGANSETT , RI 02882-

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

**Signed this 1 Day of July, 2014 at 2:59:56 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 MARK J GORDON  
Signature of Authorized Person

Form No. 631  
Revised 09/07