

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 2055

Filing Period: June 1 - June 30 · This report must be typed or printed legibly.

Filing Fee: \$20.00 - FAII	LURE TO FILE	THIS REPORT BY JU	JLY 30 WILL RESULT IN A \$25.	00 PENALTY F	EE.
1. Entity ID No.	2. Exact name	of the Corporation	. 1		
83034	Pontia	c Village A.	ssociation, Inc	,	
3. State of Incorporation	4. Brief descrip	tion of the character of bu	usiness conducted in Rhode Island	. /	and anotest
RI	Avolunt	eer organization	n areated to promote	ejercite.	noted proceed
المراكب المراك	To Lost W	e ges kinavinter	interest in the civic n	Hairs et ne	igh by hoold
5. Principal office address 133 King Street	7-0		City Narwick	State/	2ip 02786
6. LIST ALL OFFICERS (NAME	S AND ADDRES	SES) ("X" BOX FOR AT			
President Name David W. Bouchard			Vice-President Nama Karen A. Mc Guade		
Street Address /. Street	1		Street Address	e.t	
City /	State (),	Zip	City City	State,	Zip
Warwick	K/	02886	Warwitk		02886
Secretary Name Shirley Whitney	1		Treasurer Name Anne Marie F	loule	
Street Address	20.10		Street Address	Street	
City / // // /	State 0	Zin	city 23 Greene	State -	Zip S
Warwick	RI	Zip 02886	West Warwick	RI	C2873
7. LIST ALL DIRECTORS (NAM ("X" BOX FOR ATTACHMEN"	IES AND ADDRE	SSES). RHODE ISLAND	O CORPORATIONS MUST LIST N	O LESS THAN T	HREE (3) DIFFECTOR
Director Name	1 1		Director Name	*	N -
700011111111111111111111111111111111111	chard		Raren A. MCC	zuade	
Street Address	reet		Street Address /. Street	1	<u> </u>
City / 1 / 1	State // 1	Zip	City /	State()	Zip 3 CO
Warwick	<u> KI</u>	02886	Narwick	$\frac{1}{K}$	028000 -
Director Name			Director Name	H. 11.	
Street Address	ey		Street Address	1 louie	
882 Halifax	Drive		23 Greene	Street	
City Warwick	State C	02886	West Warwick	State	Zip 02893
8. REGISTERED AGENT IN RH	ODE ISLAND				
			f State. Changes require filing For		····
This report must be signed by eith or Trustee	ner the President,	, Vice-President, Secretai	ry, Assistant Secretary, Treasurer, du	ıly Authorized Re	presentative, Receiver
			Under penalty of perjury, I de		
File Date			this report, including any acc and that all statements contai		
Check No	· · · · · · · · · · · · · · · · · · ·		QQ 12)X		7/2/14
Ву:	· · · · · · · · · · · · · · · · · · ·	*	Signature of Officer or Authorize	ed Representative	Date
FOR SECRETARY OF STATE	USE ONLY	FILED 4	DAUD W	· Bou	CHARN
Form No. 631		** ** -	Print or Type Name of Officer or	Authorized Repr	esentative
Revised: 04/2014		JUL 0 2 2014			
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