



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 2005

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. 83034		2. Exact name of the Corporation Pontiac Village Association, Inc.	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island <i>A volunteer organization created to promote, exercise and protect the privileges and interests of residents of the diverse community and to foster and stimulate interest in the civic affairs of neighborhoods.</i>	
5. Principal office address 133 King Street		City Warwick	State RI Zip 02886
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name David W. Bouchard		Vice-President Name Karen A. McQuade	
Street Address 133 King Street		Street Address 118 King Street	
City Warwick	State RI Zip 02886	City Warwick	State RI Zip 02886
Secretary Name Shirley Whitney		Treasurer Name Anne Marie Houle	
Street Address 882 Halifax Drive		Street Address 23 Greene Street	
City Warwick	State RI Zip 02886	City West Warwick	State RI Zip 02893
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐			
Director Name David W. Bouchard		Director Name Karen A. McQuade	
Street Address 133 King Street		Street Address 118 King Street	
City Warwick	State RI Zip 02886	City Warwick	State RI Zip 02886
Director Name Shirley Whitney		Director Name Anne Marie Houle	
Street Address 882 Halifax Drive		Street Address 23 Greene Street	
City Warwick	State RI Zip 02886	City West Warwick	State RI Zip 02893
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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

DAVID W. BOUCHARD 7/2/14
Signature of Officer or Authorized Representative Date

DAVID W. BOUCHARD
Print or Type Name of Officer or Authorized Representative

JUL 02 2014

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