

## 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 2002

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

Filing Fee: \$20.00 · FAIL	URE TO FILE T	THIS REPORT BY JU	LY 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 Ac	ssociation, Inc.			
3. State of Incorporation	4. Brief description	on of the character of bus	siness conducted in Rhode Island	•	1 - 1 - 1	+
RI	Avolunte the privet	er organisation iges land interior	recented to promote least of the of strong regidents of the of nterest an the civic affiliation	dercise l incree co nos of new	mid photoc mmunityi ahborhoom	enis m.
10.1 Intopial office addition	0	,	City	State/	124	
133 King Street			Warwick	1K/	02886	
6. LIST ALL QFF/CERS (NAMES President Name	AND ADDRESS	ES) ("X" BOX FOR AT	Vice-President Name			
. David W. Bouchard			Karen A. Mc Guade Street Address.			
Street Address / Street			118 King Stree	<u> </u>		
Warwick	State	2ip 0,2886	city Warwick	State	Zip 02886	
Secretary Name			Treasurer Name			
Street Address / 2		<del></del>	Street Address	uje		
	rive		23 Greene S	treet		
Warwick	State R1	21p 02886	West Warwick	State	Zip C2893	
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. Bouc	hard		Director Name Karen A. McG	uade	<u> </u>	60
Street Address Ling St.	reet		Street Address Ing Stree			
Warwick	State /	Zip C2886	Narwick 1	State /	25 2 81806	
Director Name Shirten Whitne	?. <b>.</b> /		Director Name Anne Marie T	Foule	3	
Street Address Halifax	Drive		Street Address 23 Oreene	Street	<u></u>	9
City Warwick	State C	Zip 02886	West Warwick	State	Zip 02893	
8. REGISTERED AGENT IN RHO	DE ISLAND				,	
This information is currently of	record in the Off	ice of the Secretary of	State. Changes require filing Form (	341.		•
This report must be signed by either or Trustee	er the President, V	/ice-President, Secretary	ı, Assistant Secretary, Treasurer, duly i	Authorized Rep	resentative, Receiv	rer
			Under penalty of perjury, I declar	re and affirm th	nat I have evemine	ari
File Date	<del></del>		this report, including any accom and that all statements contained	panying sched	jules and stateme	
Check No	<u>.</u>	F11/	00.14		1 1.	,
Ву:		FILED	Signature of Officer or Authorized F	Senrecentativa	7/2(10 Date	-/_
FOR SECRETARY OF STATE U	ISE ONLY	JUL 0 2 2014	DAULD W.	Ball	LHARN	
Form No. 631 Revised: 04/2014	BY_	7 3487140	Print or Type Name of Officer or Au	thorized Repre	sentative	