



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. 000046956

2. Name of Corporation Jacob Point Property Owners' Association, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 10 PINE TREE ROAD

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

DEPEND AND IMPROVE AN EASEMENT DEED TO OUR MEMBERS AT SHELTER COVE MARINA, CHARLESTOWN

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	HENRY WALSH	10 PINE TREE ROAD CHARLESTOWN, RI 02813 USA
SECRETARY	HENRY WALSH	POB 1380 CHARLESTOWN, RI 02813 USA

PRESIDENT	PAMELA BARNESCHI	47 NUTMEG LANE CHARLESTOWN, RI 02813- USA
DIRECTOR	PAMELA BARNESCHI	47 NUTMEG LANE CHARLESTOWN, RI 02813 USA
DIRECTOR	DOROTHY WHITMORE	POND STREET CHARLESTOWN, RI 02813 USA
DIRECTOR	HENRY WALSH	10 PINE TREE ROAD CHARLESTOWN, RI 02813 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**

HENRY A. WALSH 10 PINE TREE ROAD P.O. BOX 1380 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 8 Day of July, 2014 at 3:36:58 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 HENRY A WALSH
Signature of Authorized Person

Form No. 631
Revised 09/07