



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 **2014**

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. 158807		2. Exact name of the Corporation HAWKINS POND IMPROVEMENT ASSOCIATION			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO PRESERVE AND MAINTAIN THE QUALITY OF WATER IN HAWKINS POND			
5. Principal office address 25 PINE LANE		City JOHNSTON	State RI	Zip 02919	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ROBERT QUINN			Vice-President Name SCOTT DEMAINE		
Street Address 25 PINE LANE			Street Address 14 RUFFSTONE DRIVE		
City JOHNSTON	State RI	Zip 02919	City SMITHFIELD	State RI	Zip 02828
Secretary Name JOE ASERLY/ERIC AUGER			Treasurer Name JODY VENDITELLI		
Street Address 14 RUFFSTONE DRIVE			Street Address 6 PINE LANE		
City SMITHFIELD	State RI	Zip	City JOHNSTON	State RI	Zip 02919
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ROBERT QUINN			Director Name SCOTT DEMAINE1		
Street Address 25 PINE LANE			Street Address 4 RUFFSTONE DRIVE		
City JOHNSTON	State RI	Zip 02919	City SMITHFIELD	State RI	Zip 02828
Director Name JOE ASERLY/ERIC AUGER			Director Name JODY VENDITELLI		
Street Address 14 RUFFSTONE DRIVE			Street Address 6 PINE LANE		
City SMITHFIELD	State RI	Zip 02828	City JOHNSTON	State RI	Zip 02919
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.					

2014 JUN 11 11:58 AM
 STATE OF RHODE ISLAND
 DIVISION OF BUSINESS SERVICES

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

FILED

JUL 17 2014

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.

File Date _____
 Check No _____
 By: _____

BY 228677

Robert Quinn
 Signature of Officer or Authorized Representative
 Date 6-17-14

FOR SECRETARY OF STATE USE ONLY

ROBERT QUINN
 Print or Type Name of Officer or Authorized Representative