



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. 29668		2. Exact name of the Corporation The Cocumscussoc Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Museum House			
5. Principal office address 55 Richard Smith Drive		City North Kingstown	State RI	Zip 02852	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name ROBERT B. STONE		Vice-President Name MAGGIE SKENYON			
Street Address 15 EZECHIEL CARRE RD		Street Address 175 FINCH LANE			
City EAST GREENWICH	State RI	Zip 02818	City SAUNDERSTOWN	State RI	Zip 02874
Secretary Name ANGELA B STONE (ALTING)		Treasurer Name GENE POULIOT			
Street Address 15 EZECHIEL CARRE RD		Street Address 102 CYNTHIA DRIVE			
City EAST GREENWICH	State RI	Zip 02818	City NORTH KINGSTOWN	State RI	Zip 02852
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name DONNA BOFFI		Director Name MARY GARDINER			
Street Address 63 RICHARD SMITH DRIVE		Street Address 15 WAITE COURT			
City NORTH KINGSTOWN	State RI	Zip 02852	City WICKFORD	State RI	Zip 02852
Director Name JOSEPH BECKWITH		Director Name APRIL BRUNELLE			
Street Address 100 WEST MAIN ST		Street Address 250 WEST MAIN STREET			
City WICKFORD	State RI	Zip 02852	City N. KINGSTOWN	State RI	Zip 02852
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: _____

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BY 8105

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JUL 18 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.

Robert B. Stone 07/11/2014
Signature of Officer or Authorized Representative Date

ROBERT B. STONE
Print or Type Name of Officer or Authorized Representative

2014 – FORM 631 ATTACHMENT (1)

6. OFFICERS' NAMES AND ADDRESSES (cont'd)

Assistant to the President

Carol Palmer
31 Keats Drive
North Kingstown, RI 02852

Docent Representative

Marcia Brennan
41 Inez Drive
North Kingstown, RI 02852

Past President

Frank Boffi
63 Richard Smith Drive
North Kingstown 02852

7. DIRECTORS' NAMES AND ADDRESSES (cont'd)

Joyce Fuller
PO Box 362
North Kingstown, RI 02852

Trish Harmon
74 Spruce Street
Warwick, RI 02886

Barbara Vollmar
237 Cole Drive
North Kingstown 02852

Doreen Costa
39 Dyer Avenue
North Kingstown 02852

Susan Danforth
31 Berwick Lane
Cranston, RI 02905

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BY JG/bbs

Robert Verdi
522 Boston Neck Road
North Kingstown, RI 02852

Denise Boule
2 Vinton Avenue
Cranston, RI 02920

Christopher Carty
10 Hopedale Drive
North Kingstown, RI 02852

Elaine Robinson
199 Hope Street Unit 1
Providence, RI 02906