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.	2. Exact name of the Corporation
29668	The Cocumscussoc Association
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Museum House

5. Principal office address	City	State	Zip
55 Richard Smith Drive	North Kingstown	RI	02852

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
ROBERT B. STONE	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 (ACTING)	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	Director Name
DONNA COFFI	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: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JUL 18 2014
BY 8105

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

Form No. 631
Revised: 04/2014

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

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Susan Danforth
31 Berwick Lane
Cranston, RI 02905

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