



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. 146325		2. Exact name of the Corporation Lake Mishnock Preservation Association, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To treat and eliminate invasive weeds in Lake Mishnock			
5. Principal office address PO Box 240		City Coventry		State RI	Zip 02816
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Daniel Albro		Vice-President Name Kenneth Brown			
Street Address 45 Lake Dr		Street Address 265 Mishnock Rd			
City WG	State RI	Zip 02817	City WG	State RI	Zip 02817
Secretary Name Kelly Albro		Treasurer Name Kathleen Fallon			
Street Address 45 Lake Dr		Street Address 1049 Tiogue Ave			
City WG	State RI	Zip 02817	City Coventry	State RI	Zip 02816
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Diane Blaquiere		Director Name Kenneth Fallon			
Street Address 205 Mishnock Rd		Street Address 1049 Tiogue Ave			
City WG	State RI	Zip 02817	City Coventry	State RI	Zip 02816
Director Name Neil Digris		Director Name Kathleen Dunn			
Street Address 220 Mishnock Rd		Street Address Clubhouse Rd			
City WG	State RI	Zip 02817	City WG	State RI	Zip 02817
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

BY

NOV 19 2014

FILED

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.

Kathleen A. Fallon
Signature of Officer or Authorized Representative

11/18/2014
Date

Kathleen A. Fallon, Treasurer

Print or Type Name of Officer or Authorized Representative

Directors continued:

Mary Kaltschnee
81 Carrs Pond Rd, West Greenwich, RI 02817

JOYCE NERO
LAKE DRIVE West Greenwich, RI 02817

Steve Shriner
26 Pine Tree Lane, West Greenwich, RI 02817

Ken St-Onge
41 Ragnell Rd, West Greenwich, RI 02817

DAVID NERO
LAKE DRIVE West Greenwich, RI 02817

James Wahl
52 Old Hickory, West Greenwich, RI 02817

Joanne Wahl
52 Old Hickory, West Greenwich, RI 02817