



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

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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