RI SOS Filing Number: 201561594290 Date: 05/11/2015 4:00 PM

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 2015

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
517499	SCARBOROUGH VILLAGE TENANT ASSOCIATION
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	TENANT/HOMEOWNERS ASSOCIATION

5. Principal office address	City	State	Zip
133 OLD TOWER HILL ROAD, STE. 1	WAKEFIELD	RI	02879

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

President Name	Street Address	City	State	Zip
JAMES REILLY	42 LONGFELLOW ROAD	SHREWSBURY	MA	01545

Vice-President Name	Street Address	City	State	Zip
JOSEPH I DREW	15 PEPPERIDGE ROAD	QUAKER HILL	CT	06375-1130

Secretary Name	Street Address	City	State	Zip
COOPER HASTINGS	15 EARL STREET	VERNON	CT	06066

Treasurer Name	Street Address	City	State	Zip
COOPER HASTINGS	15 EARL STREET	VERNON	CT	06066

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
JAMES REILLY	42 LONGFELLOW ROAD	SHREWSBURY	MA	01545

Director Name	Street Address	City	State	Zip
JOSEPH DREW	15 PEPPERRIDGE ROAD	QUAKER HILL	CT	06375-1130

Director Name	Street Address	City	State	Zip
COOPER HASTINGS	15 EARL STREET	VERNON	CT	06066-3715

Director Name	Street Address	City	State	Zip

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

FILED

File Date _____
Check No _____
By: _____ BY
FOR SECRETARY OF STATE USE ONLY

MAY 11 2015

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.

James Reilly 5-5-15
Signature of Officer or Authorized Representative Date

JAMES REILLY, PRESIDENT
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

120765-19-1036927