



**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. <b>56188</b>		2. Exact name of the Corporation <b>Gaspee Point Homeowners Association, Inc.</b>	
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <i>To protect legal rights of Gaspee Point Homeowners, To be a liaison between the homeowners and land owners, to develop community spirit and to negotiate for + acquire land on behalf of the homeowners</i>	
5. Principal office address <i>113 Namquid Drive 1/2 Linda Sullivan</i>		City <b>WARWICH</b>	State <b>RI</b>
		Zip <b>02888</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <i>Ron Cerniglia</i>		Vice-President Name <i>Charlene Stroughem</i>	
Street Address <i>121 Namquid Drive - Gaspee Pt.</i>		Street Address <i>17 Thayer Farm Rd.</i>	
City <b>WARWICH</b>	State <b>RI</b>	City <b>Attleboro</b>	State <b>MA</b>
	Zip <b>02888</b>		Zip <b>02703</b>
Secretary Name <i>Roberta Todd</i>		Treasurer Name <i>Linda Sullivan</i>	
Street Address <i>6 Lane 7 Gaspee Pt</i>		Street Address <i>113 Namquid Dr. - Gaspee Pt</i>	
City <b>Warwich</b>	State <b>RI</b>	City <b>WARWICH</b>	State <b>RI</b>
	Zip <b>02888</b>		Zip <b>02888</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <i>Rick Brooks</i>		Director Name <i>Barry Cook</i>	
Street Address <i>29 Lane 1 Gaspeepoint</i>		Street Address <i>109 Namquid Drive, Gaspee Pt</i>	
City <b>Warwich</b>	State <b>RI</b>	City <b>Warwich</b>	State <b>RI</b>
	Zip <b>02888</b>		Zip <b>02888</b>
Director Name <i>Mitchell Chech</i>		Director Name <i>Bill Gallacher</i>	
Street Address <i>17 Lane 9 Gaspee Point</i>		Street Address <i>239 Namquid Drive - Gaspee Pt</i>	
City <b>Warwich</b>	State <b>RI</b>	City <b>WARWICH</b>	State <b>RI</b>
	Zip <b>02888</b>		Zip <b>02888</b>
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**

**MAY 20 2015**

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

*130*

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.

*Roberta Todd* *Jan 5/16/15*  
 Signature of Officer or Authorized Representative Date

*Roberta Todd*  
 Print or Type Name of Officer or Authorized Representative



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President Name		Vice-President Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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Director Name <i>Caval Lyon</i>		Director Name <i>Brien Peterson</i>			
Street Address <i>226 Namquid Drive, Gaspee Pt.</i>		Street Address <i>70 Namquid Drive, Gaspee Pt.</i>			
City <i>Warwick</i>	State <i>RI</i>	Zip <i>02888</i>	City <i>Warwick</i>	State <i>RI</i>	Zip <i>02888</i>
Director Name <i>Ron Martin</i>		Director Name <i>Elizabeth Carol Tolson</i>			
Street Address <i>269 Namquid Drive - Gaspee Pt.</i>		Street Address <i>249 Namquid Dr. Gaspee Pt.</i>			
City <i>Warwick</i>	State <i>RI</i>	Zip <i>02888</i>	City <i>Warwick</i>	State <i>RI</i>	Zip <i>02888</i>
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By: \_\_\_\_\_

FOR SECRETARY OF STATE USE

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.

*Roberta B. Todd, Clerk 5/16/15*  
 Signature of Officer or Authorized Representative Date

*Roberta B. Todd, Clerk 5/16/15*  
 Print or Type Name of Officer or Authorized Representative