



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. <u>27796</u>		2. Exact name of the Corporation <u>North Kingstown Senior Ass'n</u> <u>DBA Friends of Beechwood</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Provide programs of recreational, social & cultural, educational for 55 and over</u>			
5. Principal office address <u>44 Beech St Box 313</u>		City <u>M. Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>Jules Cohen</u>			Vice-President Name <u>Drudi Ringnette</u>		
Street Address <u>85 Scabbettown Rd</u>			Street Address <u>75 Jefferson Dr.</u>		
City <u>M. Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>
Secretary Name <u>Martha Parks</u>			Treasurer Name <u>Richard Heston</u>		
Street Address <u>14 Church Ln</u>			Street Address <u>122 Murray Ave</u>		
City <u>M. Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>M. Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>
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 <u>George Ireland</u>			Director Name <u>Marie Pamental</u>		
Street Address <u>58 Northbricks Dr.</u>			Street Address <u>471 Annaquatuck Rd</u>		
City <u>M. Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>M. Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>
Director Name <u>David Megan Est</u>			Director Name <u>Morma Robinson</u>		
Street Address <u>7454 Post Rd</u>			Street Address <u>109 Elmwood Dr</u>		
City <u>M. Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>M. Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>
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

JUN 01 2015

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Martha A. Parks 5/20/15
 Signature of Officer or Authorized Representative Date

Martha A. Parks
 Print or Type Name of Officer or Authorized Representative