



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. 26115		2. Exact name of the Corporation HANSON ROAD NEIGHBORHOOD ASSOCIATION, INC.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island MAINTAIN DOCK AND FLOATS AS BMD OF RIGHT OF WAY AT END OF HANSON ROAD IN BARRINGTON.			
5. Principal office address 36 HANSON ROAD		City BARRINGTON		State RI	Zip 02806
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MICHAEL SQUATRITO			Vice-President Name NEIL BRAFMAN		
Street Address 10 HANSON ROAD			Street Address 18 HANSON ROAD		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Secretary Name PETER DENNENY			Treasurer Name MICHAEL BLANKS		
Street Address 36 HANSON ROAD			Street Address 18 HANSON ROAD		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
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 PENNY DENNENY			Director Name BECKY CHACE		
Street Address 36 HANSON ROAD			Street Address 31 HANSON ROAD		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Director Name ROB BLANKS			Director Name		
Street Address 24 HANSON ROAD			Street Address		
City BARRINGTON	State RI	Zip 02806	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

JUN 04 2015

File Date _____

Check No _____

By: _____

BY 3539

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.

Peter Denny

June 1, 2015

Signature of Officer or Authorized Representative

Date

PETER DENNENY SECRETARY

Print or Type Name of Officer or Authorized Representative