



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000164620

2. Name of Corporation SPARROWS POINT I CONVENIENCE STORE

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 311 HARDIG ROAD, ROOM S

City or Town: WARWICK

State: RI Zip: 02886 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

A NON-PROFIT BUSINESS TO SELL GROCERIES, TOBACCO, ETC. TO RESIDENTS OF SPARROWS POINT I WHICH IS SUBSIDIZED HOUSING FOR THE ELDERLY, HANDICAPPED AND DISABLED

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MAURICE DAVIS	311 HARDIG RD WARWICK, RI 02886 USA
CLERK	TONIA COUTU	311 HARDIG RD APT C110

		WARWICK, RI 02886 USA
DIRECTOR	GLORIA SLATER	311 HARDIG RD APT B-206 WARWICK, RI 02886 USA
DIRECTOR	CONNIE PEREIRA	311 HARDIG RD WARWICK, RI 02886 USA
DIRECTOR	CHERYL DELPONTE	311 HARDIG RD WARWICK, RI 02886 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MAURICE DAVIS 311 HARDIG ROAD, APT. A-205 WARWICK , RI 02886

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 8 Day of June, 2015 at 8:47:59 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MAURICE DAVIS
Signature of Authorized Person

Form No. 631
Revised 09/07

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