



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. 000799260		2. Exact name of the Corporation The Glenn at Saugatucket Homeowners' Association, inc			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island homeowner's association to maintain commonly owned open space			
5. Principal office address 300 centerville road, summit west, suite 300		City warwick		State ri	Zip 02886
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name brian m skeffington		Vice-President Name robert hill			
Street Address 55 sophia court		Street Address 24 sophia court			
City south kingstown	State ri	Zip 02879	City south kingstown	State ri	Zip 02879
Secretary Name concepcion vasquez		Treasurer Name brian skeffington			
Street Address 33 sophia court		Street Address 55 sophia court			
City south kingstown	State ri	Zip 02879	City south kingstown	State ri	Zip 02879
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name alexander j. petrucci		Director Name brian m skeffington			
Street Address 15 robertson road		Street Address 55 sophia court			
City narragansett	State ri	Zip 02882	City south kingstown	State ri	Zip 02879
Director Name sanford j resnickk		Director Name none			
Street Address 300 centerville road, summit west, suite 300		Street Address none			
City warwick	State ri	Zip 02886	City none	State none	Zip none
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 08 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.

File Date _____

Check No _____

By: _____

BY

1019

Signature of Officer or Authorized Representative

Date

brian m. skeffington, president and director

Print or Type Name of Officer or Authorized Representative