

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

Filing Period: June 1 - June 30 - This report must be typed or printed legibly.

Fining Fee: \$20.00 • FAIL	.URE TO FILE IT	HIS REPORT BY JU	ILY 30 WILL RESULT IN A \$25.0	UPENALIYE	EE.	
1. Entity ID No.	2. Exact name of the Corporation					
28952	THE SIXTY SIX ACRES IMPROVEMENT ASSOCIATION					
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island					
RI			AINTENANCE, AND PAYMENT OF TAXES.			
5. Principal office address 400 PO NO ST.			city wakefield	State R I	Zip 02879	
6. LIST ALL OFFICERS (NAME:	S AND ADDRESS	S) ("X" BOX FOR AT	<u> </u>			
President Name Perec N.S. ComellA			Vice-President Name URUITLE KENNERSON			
Street Address 400 POND ST.			Street Address 245 WILLIAMSTER DRIVE			
City LVAKEFIELD	State RT	Zip 02879	City MAKE-FIELD	State	02879	
Secretary Name JOAN LAUSIER			Treasurer Name DONATO TFEITCARA			
Street Address 408 FOND ST.			Street Address 400 POND ST.			
L'AKEFIELD	State RI	Zip 02879	city UVAKE-FIELD	State	Zip 02879	
7. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)						
Director Name PETER N.S. COMEILA			Director Name OPULLE KENNERSON			
Street Address 400 FOND ST.			Street Address 245 WINCHESTER DRIVE			
city LUAKEFIELD	State	Zip C2877	city LUAKE FIELD	State	C2879	
Director Name JUAN LAUSIER			Director Name DivATA TO TERRAPA			
Street Address 408 FOND ST.			Street Address 400 PIND ST.			
city WATEFIELD	State CI	Zip 07879	City WALEFIELD	State	Zip 02879	
8. REGISTERED AGENT IN PHO	DE 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 or Trustee	ər the President, Vi	ce-President, Secretary	y, Assistant Secretary, Treasurer, duly	Authorized Repa	resentative, Receiver	
			Under penalty of perjury, I decia	re and affirm th	at I have examined	
File Date			this report, including any accon	npanying sched	lules and statements.	

File Date		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.		
Check No		2 -15-15		
Ву:		Signature of Officer or Authorized Representative Date		
FOR SECRETARY OF STATE USE ONLY	FILED	PETERNS COMELLA, PRESIDENT		
orm No. 631		Print or Type Name of Officer or Authorized Representative		

Revised: 04/2014

JUN 1 9 2015