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.	2. Exact name of the Corporation
32207	STAFFORD POND IMPROVEMENT ASSOCIATION
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	NEIGHBORHOOD IMPROVEMENT ASSOCIATION

5. Principal office address	City	State	Zip
P.O. BOX 152	TIVERTON	RI	02878

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
BRIAN O NEILL	
Street Address: 114 FORAND LANE	Street Address:
City: TIVERTON State: RI Zip: 02878	City: State: Zip:
Secretary Name: JUSAN FERRY	Treasurer Name: EDWARD F ADAMOWSKI
Street Address: 65 BORDEN LANE	Street Address: 122 FORAND LANE
City: TIVERTON State: RI Zip: 02878	City: TIVERTON State: RI Zip: 02878

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
DAN RHEAUME	JOHN MINOR
Street Address: 24 MAPLE DR	Street Address: 959 OLD STAFFORD RD
City: TIVERTON State: RI Zip: 02878	City: TIVERTON State: RI Zip: 02878
Director Name: LAWRENCE J FERRY III	Director Name:
Street Address: 65 BORDEN LANE	Street Address:
City: TIVERTON State: RI Zip: 02878	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

File Date
Check No
By: 2015 JUN 26 AM 9:34
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SECRETARY OF STATE

FILED
JUN 26 2015
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By
A.A. 9:34 A.M.

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.

Signature of Officer or Authorized Representative — Date: 6-7-15

Edward F Adamowski Treasurer
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014