



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. 108980		2. Exact name of the Corporation POPLAR POINT ASSOCIATION	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island The Purpose of Promoting community, social & Athletic activities of its members	
5. Principal office address 155 STEAMBOAT AVE.		City NORTH KINGSTOWN	State RI
		Zip 02852	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name STEVEN LORD		Vice-President Name MARY MCKAY	
Street Address 42 NEWPORT AVE.		Street Address 18 ARMINGTON AVE.	
City N. Kingstown	State RI	City N. Kingstown	State RI
Zip 02852		Zip 02852	
Secretary Name CINDY HERBERT		Treasurer Name TONY SCESLA JR.	
Street Address 42 NEWPORT AVE.		Street Address 155 STEAMBOAT AVE.	
City N. Kingstown	State RI	City NORTH KINGSTOWN	State RI
Zip 02852		Zip 02852	
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 IRENE ROMANELLI		Director Name ROBERT HIRSCH	
Street Address 62 CONCORD AVE.		Street Address 33 OXINGTON AVE.	
City N. Kingstown	State RI	City N. Kingstown	State RI
Zip 02852		Zip 02852	
Director Name KATE FLETCHER		Director Name ELLEN D'AGNENICA	
Street Address 86 CONCORD AVE.		Street Address 272 STEAMBOAT AVE.	
City N. Kingstown	State RI	City North Kingstown	State RI
Zip 02852		Zip 02852	
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: _____
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.

Tony Scelsa Jr. **6-26-15**
Signature of Officer or Authorized Representative Date

TONY SCESLA JR.
Print or Type Name of Officer or Authorized Representative