



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. 000026504		2. Exact name of the Corporation East Passage Estates Lot Owners' Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island P.O. Box 207			
5. Principal office address			City Jamestown	State RI	Zip 02835
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name James Rugh			Vice-President Name Dan Regan		
Street Address 200 America Way			Street Address 180 America Way		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Secretary Name none			Treasurer Name Steve Jepson		
Street Address			Street Address 78 Columbia Lane		
City	State	Zip	City Jamestown	State RI	Zip 02835
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 Randy Keck			Director Name Bonnie Axelson		
Street Address 80 America Way			Street Address 95 America Way		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Director Name Mark Holland			Director Name		
Street Address 18 Intrepid Lane			Street Address		
City Jamestown	State RI	Zip 02835	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: _____

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.

Signature of Officer or Authorized Representative

07/16/2015

Date

James Rugh, President

Print or Type Name of Officer or Authorized Representative