



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000029230

2. Name of Corporation Sonquipaug Association, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 1294
City or Town: CHARLESTOWN State: RI Zip: 02813 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

HOMEOWNERS ASSOCIATION

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	GEORGE DYS	PO BOX 247 FORESTDALE, RI 02824 USA
TREASURER	MANUEL THEADORE	22 LITTLEBROOK RD WESTERLY, RI 02891 USA
SECRETARY	NICOLE LAFERRIERE	32 HALSEY RD

		WOONSOCKET, RI 02895 USA
VICE PRESIDENT	ROBERT CORR JR	14 SONQUIPAUG RD CHARLESTOWN, RI 02813 USA
DIRECTOR	HARRY BUCKHEIT	55 HAMILTON DRIVE EAST GREENWICH, RI 02818 USA
DIRECTOR	NEIL TAITEL	31 RICKS ROAD CHARLESTOWN, RI 02813 USA
DIRECTOR	GREGORY POSSEMATO	10 SONQUIPAUG RD CHARLESTOWN, RI 02813 USA
DIRECTOR	SUSAN JAQUITH	33 PIERCE BLVD WINDSOR, CT 06095 USA
DIRECTOR	SUSAN SULLIVAN	20 HEMLOCK DR ENFIELD, CT 06082 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MANNY THEADORE 22 LITTLEBROOK ROAD WESTERLY , RI 02891

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 31 Day of July, 2015 at 7:26:03 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MANUEL J THEADORE
Signature of Authorized Person

Form No. 631
Revised 09/07