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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
164416	Governor Francis Neighborhood Association
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	Neighborhood group - Social activities

5. Principal office address	City	State	Zip
515 Algonquin Dr	Warwick	RI	02888

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

President Name	Street Address	City	State	Zip
Erin Taylor	18 Squantum Dr.	Warwick	RI	02888

Vice-President Name	Street Address	City	State	Zip
Dina Vincent	14 Apple Tree Lane	Warwick	RI	02888

Secretary Name	Street Address	City	State	Zip
Linda Eichenfeldt	604 Algonquin Dr.	Warwick	RI	02888

Treasurer Name	Street Address	City	State	Zip
Kim Doyle	190 Dahlia St.	Warwick	RI	02888

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

Director Name	Street Address	City	State	Zip
Erin Taylor	18 Squantum Dr.	Warwick	RI	02888

Director Name	Street Address	City	State	Zip
Dina Vincent	14 Apple Tree Lane	Warwick	RI	02888

Director Name	Street Address	City	State	Zip
Linda Eichenfeldt	604 Algonquin Dr.	Warwick	RI	02888

Director Name	Street Address	City	State	Zip
Kim Doyle	190 Dahlia St	Warwick	RI	02888

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

FILED
OCT 15 2015
BY
10:59

File Date _____
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CORPORATIONS DIV

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.

Dina Vincent — 10-8-2015
Signature of Officer or Authorized Representative — Date

Dina Vincent
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
126406-2-1054497