



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 2014

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. 164416		2. Exact name of the Corporation Governor Francis Neighborhood Association	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Neighborhood group - Social activities	
5. Principal office address 515 Algonquin Dr		City Warwick	State RI
		Zip 02888	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒			
President Name Erin Taylor		Vice-President Name Dina Vincent	
Street Address 18 Squantum Dr.		Street Address 14 Apple Tree Lane	
City Warwick	State RI	City Warwick	State RI
Zip 02888		Zip 02888	
Secretary Name Linda Eichenfeldt		Treasurer Name Kim Doyle	
Street Address 604 Algonquin Dr.		Street Address 190 Dahlia St.	
City Warwick	State RI	City Warwick	State RI
Zip 02888		Zip 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 Erin Taylor		Director Name Dina Vincent	
Street Address 18 Squantum Dr.		Street Address 14 Apple Tree Lane	
City Warwick	State RI	City Warwick	State RI
Zip 02888		Zip 02888	
Director Name Linda Eichenfeldt		Director Name Kim Doyle	
Street Address 604 Algonquin Dr.		Street Address 190 Dahlia St.	
City Warwick	State RI	City Warwick	State RI
Zip 02888		Zip 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

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.

File Date

Check No

15 OCT 15 AM 10:58

BY CK 258462

Signature of Officer or Authorized Representative

Date

FOR SECRETARY OF STATE USE ONLY

10:58

dina vincent

Print or Type Name of Officer or Authorized Representative

Form No. 631

Revised: 04/2014