



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 3653		2. Exact name of the Corporation PEACEDALE MILL ASSOCIATES			
3. Principal office address 1425 KINGSTOWN ROAD		City PEACE DALE		State RI	Zip 02879
4. Business Phone No. 783-3381		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island PROMOTING AND MANAGING RECREATIONAL EVENTS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ANDREW M. CURTIS			Vice-President Name CHRISTINA BARRY		
Street Address 88 HIGH MEADOW LANE			Street Address 35 CARROLL AVENUE		
City WAKEFIELD	State RI	Zip 02879	City NORWICH	State CT	Zip 06361
Secretary Name CHRISTINA BARRY			Treasurer Name BETHANY CURTIS		
Street Address 35 CARROLL AVENUE			Street Address 86 HIGH MEADOW LANE		
City NORWICH	State CT	Zip 06361	City WAKEFIELD	State RI	Zip 02879
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name RICHARD CURTIS			Director Name ANDREW M. CURTIS		
Street Address 140 WESTMORELAND STREET			Street Address 86 HIGH MEADOW LANE		
City NARRAGANSETT	State RI	Zip 02882	City WAKEFIELD	State RI	Zip 02879
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.					

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY

FILED

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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 Authorized Representative

BETHANY CURTIS, TREASURER

Print or Type Name of Authorized Representative

Date