STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, *Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: June 1 - June 30 • Filing Fee: $20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
28500	St. Albans Association, Inc.			
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address		City	Zip
RHODE ISLAND	363 Hope St		Bristol	02809
5. **Foreign corporation.** Enter principal office address		City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

FRATERNAL, CHARITABLE

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Leonard P Sanford, III			Edward C Boyd, Jr		
Street Address			Street Address		
868 Hope St			6 Christopher Dr		
City	State	Zip	City	State	Zip
Bristol	RI	02809	Bristol	RI	02809
Secretary Name			**Treasurer Name**		
William Joyce			Edward Wiacek		
Street Address			Street Address		
26 James St			88 Mulberry Rd		
City	State	Zip	City	State	Zip
E Providence	RI	02914	Bristol	RI	02809

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

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

Director Name			Director Name		
Herbert E.S. Clark, Jr			Robert Huey		
Street Address			Street Address		
7 Highland Rd			76 Acacia Rd		
City	State	Zip	City	State	Zip
Bristol	RI	02809	Bristol	RI	02809
Director Name			Director Name		
Jeffrey Haslett					
Street Address			Street Address		
865 Hope St					
City	State	Zip	City	State	Zip
Bristol	RI	02809			

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name	Address		
EDWARD M. WIACEK			
Address	City		Zip
88 MULBERRY ROAD	BRISTOL		02809

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

* 2 8 5 0 0 *

File Date 7/26/04

Check No. 1201

By: DA

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Edward M Wiacek
Signature of Officer *Date*

Edward M Wiacek
Print or Type Name of Officer

Treasurer
Title of Officer

Form 631 Rev. 04/04