



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:** 2016

**1. Corporate ID No.** 000036532

**2. Name of Corporation** Friends of The Glen Manor House

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 3 FRANK COELHO DRIVE

P.O. BOX 502

City or Town: PORTSMOUTH

State: RI Zip: 02871 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**

PROMOTING THE HISTORIC PRESERVATION AND RESTORATION OF THE GLEN MANOR, INCLUDING FUNDRAISING FOR SUCH PURPOSE

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	BRENDA DORAN	78 CHURCH LN PORTSMOUTH, RI 02871 USA
TREASURER	BARBARA CHASE	31 MACOMBER LN

		PORTSMOUTH, RI 02871 USA
SECRETARY	KAREN MENEZES	271 FERRY LANDING PORTSMOUTH, RI 02871 USA
VICE PRESIDENT	COLEEN RAPOSA	51 PEGGY LN PORTSMOUTH, RI 02871 USA
DIRECTOR	COLEEN RAPOSA	51 PEGGY LANE PORTSMOUTH, RI 02871 USA
DIRECTOR	BRENDA DORAN	78 CHURCH PORTSMOUTH, RI 02871 USA
DIRECTOR	BARBARA CHASE	31 MACOMBER LN PORTSMOUTH , RI 02871 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**

BARBARA CHASE 3 FRANK COELHO DRIVE PORTSMOUTH , RI 02871

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

**Signed this 13 Day of May, 2016 at 12:45:19 PM 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 BARBARA CHASE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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