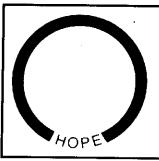
Fee: \$20.00



## State of Rhode Island and Providence Plantations Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

LOGOUT I

?

ANNUAL REPORT YEAR: 2016				
1. Corporate ID No. 000027688				
2. Name of Corporation NINIGRET COVE CONSERVATION ASSOCIATION				
3. State of Incorporation				
State: <u>RI</u>				
4. Corporate Address in Rhode Island				
No. and Street:	13 INWOOD LANE			
City or Town:	WESTERLY	State:	RI Zip: 02891	Country: USA
5. Foreign Corporation. Enter Principal Office Address				
No. and Street:				
City or Town:		State:	Zip:	<u>Country:</u>
6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island				
MAINTAINING ROADS, PRESERVING BROOK FEEDING INTO QUONOCHONTAUG POND				
7. Names and Addresses of the Officers and Directors:				

FILED 62 MAY 1 6 2016

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 Address** Delete First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country **PRESIDENT** JANE BURNS 112 WARREN ROAD CHARLESTOWN, RI 02813 USA DIRECTOR STEPHEN GROSS 188 WARREN ROAD CHARLESTOWN, RI 02813 USA Treasurer Jonathan Warner Shay 13 inwood Lane Westerly, RI 02891 USA Vice President Priscilla Lambert 156 Warren Road Charlestown, RI 02813 USA Director Tom Dodd 169 Inwood Lane South Charlestown, Ri 02813 USA Secretary Susan Dvorak 80 Warren Rod Charlestown, RI 02813 USA Director Charlotte Matteson 10 Inwood Lane Westerly, RI 02891 USA Director Greg Lang 100 Warren Road Charlestown, RI 02813 USA

Select From Below 0 Title:

First Name:

Middle Name:

Last Name:

Suffix:

Address:

City:

State:

Zip:

Country:

Clear

Add

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

JONATHAN SHAY 13 INWOOD LANE WESTERLY, RI 02891

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

## Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name:

JONATHAN SHAY

**Business Name:** 

No. and Street:

13 INWOOD LANE

- Same Address as -

City or Town:

**WESTERLY** 

State: RI

Zip: 02891

Country:

Contact Phone:

401 322 1997

ext:

Contact Email:

shays lounge@cox.net

Clear

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 14 Day of May, 2016 at 10:46:27 AM 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 January Shary Standard Person

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-6. You hereby agree that any legal issues or causes of action arising from the submission of this filing will be litigated under the statutes and common laws of the State of Rhode Island.

Accept

Decline

Click HERE to Submit This Information

Form No. 631 Revised 09/07

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