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

| LOGOUT |

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000027688

2. Name of Corporation NINIGRET COVE CONSERVATION ASSOCIATION

3. State of Incorporation

State: RI

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: Country:

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
MAY 16 2016
BY 526

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

Delete	Title	Individual Name First, Middle, Last, Suffix	Address 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 ⌃ 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 Jonathan Shay
Signature of Authorized 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

Help