RI SOS Filing Number: 201699175950 Date: 05/20/2016 4:00 PM

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
1336160	TAYLOR POINT RESTORATION ASSOCIATION
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: TO RESTORE AND MAINTAIN THE HABITAT AT TAYLOR POINT IN JAMESTOWN WITH NATIVE VEGETATION

5. Principal office address	City	State	Zip
15 ROSEMARY LANE	JAMESTOWN	RI	02835

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
EDWARD GROMADA	30 MELROSE AVE	JAMESTOWN	RI	02835

Vice-President Name	Street Address	City	State	Zip
DENNIS WEBSTER	8 MOUNT HOPE AVE	JAMESTOWN	RI	02835

Secretary Name	Street Address	City	State	Zip
LOIS MIGNEAULT	15 ROSEMARY LANE	JAMESTOWN	RI	02835

Treasurer Name	Street Address	City	State	Zip
JOHN A. MURPHY	65 HAMILTON AVE.	JAMESTOWN	RI	02835

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
EDWARD GROMADA	30 MELROSE AVE.	JAMESTOWN	RI	02835

Director Name	Street Address	City	State	Zip
DENNIS WEBSTER	8 MOUNT HOPE AVE	JAMESTOWN	RI	02835

Director Name	Street Address	City	State	Zip
LOIS MIGNEAULT	15 ROSEMARY LANE	JAMESTOWN	RI	02835

Director Name	Street Address	City	State	Zip
JOHN A. MURPHY	65 HAMILTON AVE.	JAMESTOWN	RI	02835

8. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
MAY 20 2016
BY 109 A.A.

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 Officer or Authorized Representative — Date: 5/13/16

EDWARD GROMADA PRES.
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised 07/2014