



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
28952		The Sixty Six Acres Improvement Association			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Maintain and submit tax payments on two association owned properties			
5. Principal Office Address		City	State	Zip	
400 Pond Street		Wakefield	RI	02879	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Peter N. S. Comella			Vice-President Name Col. Joseph Waller		
Street Address 400 Pond Street			Street Address 202 Winchester Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Joan Lausier			Treasurer Name Donato J. Ferrara		
Street Address 408 Pond Street			Street Address 400 Pond Street		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Peter N. S. Comella			Director Name Col. Joseph Waller		
Street Address 400 Pond Street			Street Address 202 Winchester Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Joan Lausier			Director Name Donato J. Ferrara		
Street Address 408 Pond Street			Street Address 400 Pond Street		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Peter N. S. Comella, President				Date May 18, 2016	
Signature of Officer/Authorized Representative					

FILED

MAY 23 2016

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