



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* 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.

1. Corporate ID No. 26897		2. Name of Corporation ESTHER DRIVE ASSN. c/o CRAWFORD	
3. State of Incorporation R.I.		4. Corporate address in Rhode Island - Street Address 300 EAST BEACH ROAD	
		City CHARLESTOWN	Zip 02813
5. Foreign corporation. Enter principal office address City _____ State _____ Zip _____			
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island SOCIAL			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name JOAN C. CRAWFORD		Vice President Name NONE	
Street Address 300 EAST BEACH RD		Street Address	
City CHARLESTOWN	State RI	Zip 02813	
Secretary Name NONE		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name JOHN T. CRAWFORD		Director Name JASON KRANTZ	
Street Address 300 EAST BEACH RD		Street Address 230 WILLOW GATE RISE	
City CHARLESTOWN	State RI	Zip 02813	City HOLLISTON State MA. Zip 01746
Director Name KEELEY KRANTZ		Director Name	
Street Address 230 WILLOW GATE RISE		Street Address	
City HOLLISTON	State MA	Zip 01746	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name JOAN C CRAWFORD		Address ESTHER DRIVE ASSN.	
Address 300 EAST BEACH ROAD		City CHARLESTOWN	Zip 02813

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

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.

JOAN CRAWFORD 6/5/16
Signature of Officer Date

JOAN C. CRAWFORD
Print or Type Name of Officer

PRESIDENT
Title of Officer

FILED

JUN 06 2016

BY **187**
DS

File Date _____
Check No. _____
By: _____
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