



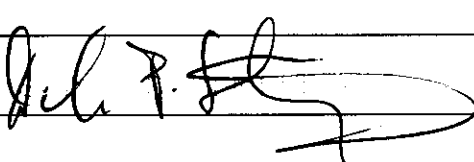
State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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			
28330		Mautucket By-The-Sea Improvement Association, Inc.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		To maintain and improve properties in the Mautucket By-The-Sea Association			
5. Principal Office Address		City	State	Zip	
P.O. Box 539		Charlestown	RI	02813	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Kenneth Bowman		Vice-President Name Karen Fudala			
Street Address 10 Barnacle Drive		Street Address 53 Blue Heron Road			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Kathy Creedon		Treasurer Name Douglas Shapiro			
Street Address 119 Teal Drive		Street Address 19 Teal Drive			
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. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Kenneth Bowman		Director Name Karen Fudala			
Street Address 10 Barnacle Drive		Street Address 53 Blue Heron Road			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Kathy Creedon		Director Name Douglas Shapiro			
Street Address 119 Teal Drive		Street Address 19 Teal Drive			
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.					
<b>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.</b>					
<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 Douglas Shapiro				Date June 2, 2016	
Signature of Officer/Authorized Representative 					

FILED

JUN 06 2016

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