



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

2016

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. Filing Date 28670		2. Exact name of the Corporation Charlestown Senior Citizens Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Community Center for Charlestown Senior Citizens Activities			
5. Principal office address PO Box 1061		City Charlestown		State RI	Zip 02813
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Joan C Wicklund			Vice-President Name Ann P Peloquin		
Street Address 186v Shumanikanuc Hill Rd			Street Address Lady Slipper Dr		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Secretary Name Elizabeth Schiedler			Treasurer Name Louis D Carano		
Street Address 68 Sanctuary Rd			Street Address 81 Blueberry LN, PO Box 457		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Joseph Enos			Director Name Grace Anderson		
Street Address 122 Cross St, Apt B111			Street Address 26 Kennedy LN		
City Westerly	State RI	Zip 02891	City Charlestown	State RI	Zip 02813
Director Name Mary Iris Garner			Director Name		
Street Address PO Box 109, 15 E Burdock St			Street Address		
City Charlestown	State RI	Zip 02813	City	State	Zip
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

BY

FILED
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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

Louis D Carano

Print or Type Name of Officer or Authorized Representative