

## 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 Filing period: June 1 - June 3	0	-	<del></del>	_			
Filing Fee: \$20.00 *FAILURE  1. Entity ID Number	TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.						
28313	2. Exact name of the Corporation						
	MATUNUCK COMMUNITY ASSOCIATION						
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island						
Rhode Island	Summer Recreation Area						
5. Principal Office Address			City	State	Zip		
150 North Weeden Rd.			Wakefield	RI	02879		
6. List ALL officers (names and	addresses)		Check the box to indicate an attachment				
President Name James DiMaio			Vice-President Name Ralph Riccio				
Street Address 54 Ocean Village Ct.			Street Address 35 Blackberry Hill Dr.				
<sup>City</sup> Wakefield	State RI	<sup>Zip</sup> 02879	City Wakefield	State RI	Zip 02879		
Secretary Name Eleanor M. Mulianey			Treasurer Name Francis J. Fitzpatrick				
Street Address 108 North Weeden Rd.			Street Address 150 North Weeden Rd.				
<sup>City</sup> Wakefield	State RI	<sup>Zip</sup> 02879	City Wakefield	State RI	<sup>Zip</sup> 02879		
7. List ALL directors (names and	addresses). R	Corporations MU		tors. Check the box to indicat	e an attachment		
Director Name James DiMaio			Director Name Richard Durant				
Street Address 54 Ocean Villag	e Ct.	,	Street Address 8 Shadbush Rd.				
<sup>City</sup> Wakefield	State RI	<sup>Zip</sup> 02879	<sup>City</sup> Wakefield	State RI	<sup>Zip</sup> 02879		
Director Name Francis J. Fitzpa	ıtrick		Director Name Paul Koenigs				
Street Address 150 North Weeden Rd.			Street Address 140 North Weeden Rd.				
<sup>City</sup> Wakefield	State RI	<sup>Zip</sup> 02879	City Wakefield	State RI	<sup>Zip</sup> 02879		
8. Registered Agent in Rhode Isl	and. This inform	ation is currently of	record in the Department of Stat	e. Changes require filing	Form 641.		
Under penalty of perjury, I dec statements, and that all statem				any accompanying	schedules and		
This report must be signed by either the P	resident, Vice-Pres	ident, Secretary, Assis	tant Secretary, Treasurer, duly Author	rized Representative, Rece	iver or Trustee.		
Name of Officer/Authorized Repr		1	11/10	Date			
Francis J. Fitzpatrick, Treas		rances	John patrioler	en 6-9-1	14		
Signature of Officer/Authorized R	epresentative '				<del>-</del>		

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JUN 1 0 2016

Form No. 631 Revised: 2016

## Matunuck Community Association 150 North Weeden Rd. Wakefield, RI 02879 Schedule Accompanying Non-Profit Corporation Annual Report For The Year 2016 Corporate ID No. 28313

## **Additional Directors**

## **ADDRESS**

NAME	STREET	CITY	STATE	ZIP CODE
Geraldine Marsocci	321 Blackberry Hill Dr.	Wakefield	RI	02879
Karen McGlynn	60 Osprey Rd.	Wakefield	RI	02879
James McGowan	298 Blackberry Hill Dr.	Wakefield	RI	02879
James McKivergan	133 Cardinal Rd.	Cranston	RI	02921
David B. Monaghan, Jr.	85 Bass Rd.	Wakefield	RI	02879
Eleanor M. Mullaney	108 N. Weeden Rd.	Wakefield	RI	02879
David B. Navin	235 Osprey Rd.	Wakefield	RI	02879
Ralph Riccio	35 Blackberry Hill Dr.	Wakefield	RI	02879
Ellen Schwab	119 Schooner Dr.	Wakefield	RI	02879
Margaret Schwab	150 Lake Ave.	Wakefield	RI	02879

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