RI SOS Filing Number: 201600636420 Date: 06/13/2016 4:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
131979	**BRIGGS FARMS IMPROVEMENT ASSOCIATION, INC.**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	**MAINTAIN AND IMPROVE THE QUALITY OF LIFE FOR RESIDENTS OF BRIGGS FARMS**

5. Principal Office Address	City	State	Zip
30 HOLLYWOOD AVENUE	**NARRAGANSETT**	**RI**	**02882**

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **WILLIAM LAWLER, DIRECTOR**			Vice-President Name **DENNIS PELLITIER, DIRECTOR**		
Street Address **66 PALM BEACH AVENUE**			Street Address **85 HOLLYWOOD AVENUE**		
City **NARRAGANSETT**	State **RI**	Zip **02882**	City **NARRAGANSETT**	State **RI**	Zip **02882**
Secretary Name **JEAN NARDONE, DIRECTOR**			Treasurer Name **JOSEPH F. CLARK, DIRECTOR**		
Street Address **31 HOLLYWOOD AVENUE**			Street Address **30 HOLLYWOOD AVENUE**		
City **NARRAGANSETT**	State **RI**	Zip **0288**	City **NARRAGANSETT**	State **RI**	Zip **02882**

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name **MICKY MCPHILLIPS, DIRECTOR**			Director Name **RAYMOND MORROCCO, DIRECTOR**		
Street Address **71 PALM BEACH AVENUE**			Street Address **130 DAYTONA AVENUE**		
City **NARRAGANSETT**	State **RI**	Zip **02882**	City **NARRAGANSETT**	State **RI**	Zip **02882**
Director Name **ELLIOT GRUPP, DIRECTOR**			Director Name		
Street Address **1 LAKEWORTH AVENUE**			Street Address		
City **NARRAGANSETT**	State **RI**	Zip **02882**	City	State	Zip

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
JOSEPH F. CLARK, TREASURER	**8 JUNE 2016**

Signature of Officer/Authorized Representative

Joseph F Clark

FILED 02
JUN 13 2016
BY 16444

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 05/2016