



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

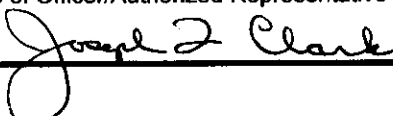
Annual Report for the year: 2016

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 131979		2. Exact name of the Corporation BRIGGS FARMS IMPROVEMENT ASSOCIATION, INC.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island MAINTAIN AND IMPROVE THE QUALITY OF LIFE FOR RESIDENTS OF BRIGGS FARMS			
5. Principal Office Address 30 HOLLYWOOD AVENUE		City NARRAGANSETT	State RI	Zip 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.					
<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 JOSEPH F. CLARK, TREASURER				Date 8 JUNE 2016	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

JUN 13 2016

BY 1644

FORM 631 - Revised: 05/2016