



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000060339

2. Name of Corporation SWINGING SQUARES

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 6342 FLAT RIVER ROAD

City or Town: GREENE

State: RI Zip: 02827 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PROMOTE SQUARE DANCING

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	HELEN LESIEUR	30 SEBA KENT RD PAWTUCKET, RI 02861 USA
TREASURER	CAROL CERRETO	50 BMW DR GRISWOLD, CT 06351 USA
SECRETARY	LYNNE TROY	34 KENDRICK AVE

		WORCESTER, MA 01606 USA
VICE PRESIDENT	LISA BREault	1397 MENDON RD #8 WOONSOCKET, RI 02895 USA
DIRECTOR	JOAN LEIN	6342 FLAT RIVER RD GREENE, RI 02827 USA
DIRECTOR	STEVE DIONNE	2 DEER RUN TR. JOHNSTON, RI 02919 USA
DIRECTOR	NANCY GUERIN	3 COLGATE ST WARWICK, RI 02888 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JOAN N. LEIN 6342 FLAT RIVER ROAD GREENE , RI 02827

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

Signed this 16 Day of June, 2016 at 10:44:27 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By CAROL CERRETO
Signature of Authorized Person

Form No. 631
Revised 09/07