



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/business

PAGE 1 of 2

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

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. Entity ID No. <u>56188</u>		2. Exact name of the Corporation <u>Gaspee Point Homeowners Association, Inc.</u>	
3. State of Incorporation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>To protect legal rights of Gaspee Point Homeowners, To be a liaison between the homeowners and land owners, To develop community spirit and to negotiate for and acquire</u>	
5. Principal office address <u>113 Namquid Drive 1/2 Linda Sullivan</u>		City <u>Warwick</u>	State <u>RI</u>
		Zip <u>02888</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Ron Caniglia</u>		Vice-President Name <u>Barry Cook</u>	
Street Address <u>121 Namquid Drive - Gaspee Point</u>		Street Address <u>109 Namquid Drive, Gaspee Point</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>Warwick</u>	State <u>RI</u>
Zip <u>02888</u>		Zip <u>02888</u>	
Secretary Name <u>Robertta Todd</u>		Treasurer Name <u>Linda Sullivan</u>	
Street Address <u>6 LANE 7 Gaspee Point</u>		Street Address <u>113 Namquid Drive</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>Warwick</u>	State <u>RI</u>
Zip <u>02888</u>		Zip <u>02888</u>	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
Director Name <u>Rick Brooks</u>		Director Name <u>Bill Gallacher</u>	
Street Address <u>24 Lane 1 Gaspee Point</u>		Street Address <u>239 Namquid Drive - Gaspee Point</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>Warwick</u>	State <u>RI</u>
Zip <u>02888</u>		Zip <u>02888</u>	
Director Name <u>Mitchell Check</u>		Director Name <u>Elizabeth Cardi Talwar</u>	
Street Address <u>17 Lane 9 Gaspee Point</u>		Street Address <u>249 Namquid Drive</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>Warwick</u>	State <u>RI</u>
Zip <u>02888</u>		Zip <u>02888</u>	
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, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 20 2016

BY _____

15105

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.

Robert B. Todd
Signature of Officer

6/15/16
Date

Robertta B. Todd
Print or Type Name of Officer

Secretary
Title of Officer



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President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
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Director Name <u>Brian Peterson</u>			Director Name <u>Michelle Marquis</u>		
Street Address <u>70 Namquid Drive - Gaspere Point</u>			Street Address <u>243 Namquid Drive</u>		
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02888</u>	City <u>Warwick</u>	State <u>RI</u>	Zip <u>02888</u>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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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 _____ Date _____

Print or Type Name of Officer _____

Title of Officer _____

FILED

JUN 20 2016

BY

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