



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>Robert A. 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

Robert 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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| 7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| 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 | | |
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Signature of Officer _____ Date _____

Print or Type Name of Officer _____

Title of Officer _____

FILED

JUN 20 2016

BY

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56188 JB