



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. 000028673

2. Name of Corporation OLDE TOCKWOTTEN ASSN., INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 299 TOCKWOTTEN COVE ROAD

City or Town: CHARLESTOWN

State: RI Zip: 02813 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

MAINTAINING PRIVATE RD.AND UPGRADING THE AREA FOR ALL LAND OWNERS IN THE AREA

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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
TREASURER	ANNE ALLEN	299 TOCKWOTTEN COVE RD CHARLESTOWN, RI 02813 USA
SECRETARY	CAROL SULLIVAN	280 TOCKWOTTEN COVE RD CHARLESTOWN, RI 02813 USA

PRESIDENT	ANNE WOOD	313 TOCKWOTTEN COVE ROAD CHARLESTOWN, RI 02813 USA
DIRECTOR	MICHAEL GLENNON	300 TOCKWOTTEN COVE RD CHARLESTOWN, RI 02813 USA
DIRECTOR	LAUREN STEPHENS	314 TOCKWOTTEN COVE RD CHARLESTOWN, RI 02813 USA
DIRECTOR	TIM SWABY	279 TOCKWOTTEN COVE RD CHARLESTOWN, RI 02813 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**

ANNE M. ALLEN 299 TOCKWOTTEN COVE ROAD P.O. BOX 688 CHARLESTOWN , RI 02813

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

**Signed this 27 Day of June, 2016 at 7:45:31 PM 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 ANNE M ALLEN  
Signature of Authorized Person

Form No. 631  
Revised 09/07