



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.** 000985342

**2. Name of Corporation** Enjoy Tiverton

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 35 JACQUELINE WAY

City or Town: TIVERTON

State: RI Zip: 02878 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**

ENJOY TIVERTON IS A NON-PROFIT CORPORATION AND SHALL OPERATE EXCLUSIVELY FOR EDUCATIONAL AND CHARITABLE PURPOSES WITHIN THE MEANING OF SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. ENJOY TIVERTON'S PURPOSE IS, IN PART, BUT NOT LIMITED TO, PROMOTING THROUGH EVENTS, EDUCATION AND PROGRAMS A BROADER RECOGNITION OF FACTORS SUCH AS EDUCATIONAL QUALITY, COMMUNITY APPEARANCE, LOCAL EXCELLENCE AND OTHER FACTORS THAT HELP BUILD COMMUNITY PRIDE AND SPIRIT. TO MAXIMIZE OUR IMPACT, WE MAY SEEK TO COLLABORATE WITH OTHER NON-PROFIT ORGANIZATIONS WHICH FALL UNDER THE 501(C)(3) SECTION OF THE INTERNAL REVENUE CODE AND ARE OPERATED EXCLUSIVELY FOR EDUCATIONAL AND CHARITABLE PURPOSES.

**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**Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
DIRECTOR	MICHAEL SILVIA	263 INDIAN POINT RD TIVERTON, RI 02878 USA
DIRECTOR	DEBORAH JANICK	374 JUDSON STREET TIVERTON, RI 02878 USA
DIRECTOR	RENEE SARTINI	340 BRAYTON RD TIVERTON, RI 02878 USA
DIRECTOR	LINDA LARSEN	35 JACQUELINE WAY TIVERTON, RI 02878 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**

LINDA LARSEN 35 JACQUELINE WAY TIVERTON , RI 02878

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

**Signed this 28 Day of June, 2016 at 9:16:54 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 LINDA LARSEN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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