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. 000027562

2. Name of Corporation KINGSTON IMPROVEMENT ASSOCIATION

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 78 ENTERPRISE TERRACE
City or Town: KINGSTON State: RI Zip: 02881 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

TO HELP IMPROVE THE QUALITY OF LIFE FOR ALL OF KINGSTONS RESIDENTS THROUGH FACILITIES

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	HENRY R SCHWARZBACH	78 ENTERPRISE TER KINGSTON, RI 02881 USA
SECRETARY	DIANE TOWNE	190 WHITE HORN DR. KINGSTON, RI 02881 USA

DIRECTOR	VINCENT ROSE	1821 MOORSEFIELD RD KINGSTON, RI 02881 US
VICE PRESIDENT	TRACY HEFFERNON	SOUTH ROAD KINGSTON, RI 02881 US
PRESIDENT	SUSAN AXELROD	1621 SOUTH ROAD KINGSTON, RI 02881 US
DIRECTOR	PAM MEAD	46 KENSINGTON CT. S WAKEFIELD, RI 02879 US
DIRECTOR	JEFFREY MEAD	46 KENSINGTON CT WAKEFIELD, RI 02879 US

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

HENRY R. SCHWARZBACH 78 ENTERPRISE TERRACE KINGSTON , RI 02881

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

Signed this 29 Day of June, 2016 at 9:08:15 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 HENRY SCHWARZBACH
Signature of Authorized Person

Form No. 631
Revised 09/07

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