



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 1332061		2. Exact name of the Corporation PINE LEDGE ROAD ASSOCIATION, INC	
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island Neighborhood Assoc for maintenance of road & bridge to Pine Ledge Properties	
5. Principal Office Address 99 Pineledge Road		City Greenville	State RI
		Zip 02828	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Michael Robinson		Vice-President Name Brian daLuz	
Street Address 103 Pineledge Rd		Street Address 74 Pineledge Rd	
City Greenville	State RI	City Greenville	State RI
Zip 02828		Zip 02828	
Secretary Name Virginia Martins		Treasurer Name Michael McShane	
Street Address 99 Pineledge Rd		Street Address 105 Pineledge	
City Greenville	State RI	City Greenville	State RI
Zip 02828		Zip 02828	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Michael Robinson		Director Name Brian daLuz	
Street Address 203 Pineledge Rd		Street Address 74 Pineledge Rd	
City Greenville	State RI	City Greenville	State RI
Zip 02828		Zip 02828	
Director Name Michael McShane		Director Name Virginia Martins	
Street Address 105 Pineledge Rd		Street Address 99 Pineledge Rd	
City Greenville	State RI	City Greenville	State RI
Zip 02828		Zip 02828	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Virginia Martins, Secretary			Date 6/1/16
Signature of Officer/Authorized Representative <i>Virginia Martins</i>			

FILED

JUN 3 0 2016

BY

257
A.A.

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov