

## State of Rhode Island and Providence Plantations Department of State - Business Services Division

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

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

HOPE					
<b>Non-Profit Corporation</b>	Annual Re	port for the	year: 2016		
Filing period: June 1 - June 3				_	·
Filing Fee: \$20.00 *FAILURE				IN A \$25.00 PENAL	TY FEE.
1. Entity ID Number	2. Exact name of the Corporation				
148797	The Shannock Memorial Hall Association				
State of Incorporation	4. Brief description of the character of business conducted in Rho				
RHODE ISLAND	Raising f Shannock	unds for th Memorial Ha	e construction, maintenance and operation o		
5. Principal Office Address			City	State	Zip
4000 South County Trail			Charlestown	RI	02813
6. List ALL officers (names and a	addresses)		Check t	he box to indicate an att	achment 🗍
President Name Frank S. Angell			Vice-President Name None		
Street Address 4000 South County Trail			Street Address		
City Charlestown	State RI	<sup>Zip</sup> <b>02813</b>	City	State	Zip
Secretary Name Sanford Neuschatz			Treasurer Name Sanford Neuschatz		
Street Address 232 Shannock Village Road			Street Address 232 Shannock Village Road		
City Shannock	State RI	<sup>Zip</sup> 02875	City Shannock	State RI	<sup>Zip</sup> 02875
7. List ALL directors (names and	addresses). RI	Corporations MU	ST list at least THREE dire	ctors. Check the box to indicate a	an attachment 🗸
Director Name Frank S. Angell			Director Name George Beaudreau		
Street Address 4000 South County Trail			Street Address Shannock Village Road		
City Charlestown	State RI	<sup>Zip</sup> 02813	City Shannock	State RI	Zip 02875
Director Name Sanford Neuschatz			Director Name Melanie White		
Street Address 232 Shannock Village Road			Street Address Shannock Village Road		
<sup>City</sup> Shannock	State RI	<sup>Zip</sup> 02875	City Shannock	State RI	<sup>Zip</sup> <b>02875</b>
8. Registered Agent in Rhode Isla	and. This informat	ion is currently of re	ecord in the Department of Sta	ite. Changes require filing F	orm 641.
Under penalty of perjury, I deci statements, and that all statem	are and affirm t	that i have exan	lined this report, includin		
This report must be signed by either the Pi	resident, Vice-Preside	ent, Secretary, Assiste	ent Secretary, Treasurer, duly Autho	orized Representative, Receive	r or Trustee.
Name of Officer/Authorized Representative				Date	
Frank S. Angell		6/21	, <b>2016</b>		
Signature of Officer/Authorized Re		, SIGN DOCL	IMENT HERE		

Form No. 631 Revised: 2016 FILED

JUN 3 0 2016

BY.

## The Shannock Memorial Hall Association - Corporate ID #148797

## 2016 Annual Report

## 7. Board of Directors - additional members - 2016

Kelly Masterson Shannock Village Road Shannock, RI 02875

Donna Angell 4000 South County Trail Charlestown, RI 02813

Dave Mageau 17 West Shannock Road Shannock, RI 02875