



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. 000026513

2. Name of Corporation Homestead Plat Improvement Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 1427 WESTMINSTER STREET

City or Town: PROVIDENCE

State: RI Zip: 02909 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

COMMUNITY DEVELOPMENT

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
PRESIDENT	DONNA BAINS	P.O. BOX 231 PRUDENCE IS, RI 02872 USA
TREASURER	JOHN THRESHER	80 HILLCREST RD. WAKEFIELD, RI 02879 USA
SECRETARY	LYNN ANTAYA	CHASE AVE.

		PRUDENCE IS, RI 02872 USA
VICE PRESIDENT	CHRISTINE L DYKAS	1427 WESTMINSTER ST. PROVIDENCE, RI 02909 USA
DIRECTOR	JOSEPH BAINS	P.O, BOX 231 PRUDENCE IS, RI 02172 USA
DIRECTOR	CHRISTINE L. DYKAS	1427 WESTMINSTER STREET, UNIT C PROVIDENCE, RI 02909 USA
DIRECTOR	MARION PHILLIPS	NARRAGANSETT AVE PRUDENCE IS, RI 02872 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

CHRISTINE L. DYKAS 1536 WESTMINSTER STREET PROVIDENCE , RI 02909

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

Signed this 7 Day of July, 2016 at 9:26:57 AM 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 DONNA BAINS
Signature of Authorized Person

Form No. 631
Revised 09/07

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