



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 104709		2. Exact name of the Corporation ADDIEVILLE EAST CONSERVATION CLUB			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Conservation of open space and support of outdoor activities			
5. Principal office address 200 Pheasant Drive		City Mapleville	State RI	Zip 02839	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Paula L. Gaebe			Vice-President Name		
Street Address 200 Pheasant Drive			Street Address		
City Mapleville	State RI	Zip 02839	City	State	Zip
Secretary Name Sally A. Hayter			Treasurer Name Paula L. Gaebe		
Street Address 200 Pheasant Drive			Street Address 200 Pheasant Drive		
City Mapleville	State RI	Zip 02839	City Mapleville	State RI	Zip 02839
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Paula L. Gaebe			Director Name John O'Brien		
Street Address 200 Pheasant Drive			Street Address 576 Bullard Street		
City Mapleville	State RI	Zip 02839	City Holden	State MA	Zip 01520
Director Name Sally A. Hayter			Director Name		
Street Address 200 Pheasant Drive			Street Address		
City Mapleville	State RI	Zip 02839	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY BY KL 384

FILED

JUL 11 2016

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.

Paula L. Gaebe 7-5-16
 Signature of Officer or Authorized Representative Date

Paula L. Gaebe, President

Print or Type Name of Officer or Authorized Representative