

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## Annual Report for the year: 2016

**Non-Profit Corporation** 

 $\rightarrow$  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   | 2 Eveet pe  | ma of the Compact   | lian .   |                           |                             |  |
|---|---|---|--|---------------------------|-----------------------------|--|
| 28462   | 2. Exact name of the Corporation  Mettatuxet Improvement Association        |   |  |                           |                             |  |
| State of Incorporation  | 4. Brief description of the character of business conducted in Rhode Island |   |  |                           |                             |  |
| Rhode Island  | Civic orga  | Civic organization of the residents of Mettatuxet with a marina, club house, & hall |  |                           |                             |  |
| 5. Principal Office Address PO Box 293                        |   |   | City   | State                     | Zip                         |  |
|   |   |   | Narragansett                                   | RI                        | 02882                       |  |
| 6. List ALL officers (names and                               | d addresses)  |   |  |                           | indicate an attachment      |  |
| President Name Anthony Colombo                                |   |   | Vice-President Name Jerry Bonner               |                           |                             |  |
| Street Address 51 Fernleaf Trail                              |   |   | Street Address 156 Mettatuxet Road             |                           |                             |  |
| <sup>City</sup> Narragansett                                  | State RI  | Zip 02882   | City Narragansett                              | State RI                  | <sup>Zip</sup> 02882        |  |
| Secretary Name Sandy Flosi                                    |   |   | Treasurer Name Karen Hagan                     |                           |                             |  |
| Street Address 223 Old Boston Neck Road                       |   |   | Street Address 75 West Bay Drive               |                           |                             |  |
| <sup>City</sup> Narragansett                                  | State RI  | Zip 02882   | City Narragansett                              | State RI                  | <sup>Zip</sup> <b>02882</b> |  |
| 7. List ALL directors (names ar                               | nd addresses).  | RI Corporations MI  | UST list at least THREE direct                 |                           | to indicate an attachment   |  |
| Director Name Jane Colombo                                    |   |   | Director Name Paul Bassett                     |                           |                             |  |
| Street Address 51 Fernleaf Trail                              |   |   | Street Address 35 Sumac Trail                  |                           |                             |  |
| <sup>City</sup> Narragansett                                  | State RI  | <sup>Zip</sup> 02882  | City Narragansett                              | State RI                  | <sup>Zip</sup> 02882        |  |
| Director Name Michael Casey                                   |   |   | Director Name Dominic Colombo                  |                           |                             |  |
| Street Address 25 Yellow Birch Road                           |   |   | Street Address 72 Woodsorrel Trail             |                           |                             |  |
| <sup>City</sup> Narragansett                                  | State RI  | Zip 02882   | City Narragansett                              | State RI                  | <sup>Zip</sup> 02882        |  |
| 8. Registered Agent in Rhode I                                | sland. This infor   | mation is currently of  | record in the Department of State              | e. Changes require filin  | g Form 641.                 |  |
| Under penalty of perjury, I de statements, and that all state | clare and affir<br>ments contain  | m that I have examed herein are true  | mined this report, including<br>e and correct. | any accompanyin           | g schedules and             |  |
| This report must be signed by either the                      |   |   |  | ized Representative, Rece | iver or Trustee.            |  |
| Name of Officer/Authorized Representative                     |   |   |  | Date                      | <u> </u>                    |  |
| Karen Hagan   |   |   |  | 1                         | 11/16                       |  |
| Signature of Officer/Authorized                               | Representative  |   |  |                           |                             |  |
| Haran M. 4  | togon   | SIGN DO   | OUMENT HERE                                    |                           |                             |  |

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

JUL 1 3 2016

FORM 631 - Revised: 05/2016

## Mettatuxet Improvement Association Officers and Board of Directors Attachment to Form 631 - Year 2016

Jerry Rao 27 South River Drive Narragansett, RI 02882

Matthew Eddy 95E Middlebridge Road Narragansett, RI 02882

Brooke Rao 27 South River Drive Narragansett, RI 02882