

	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$20.00 FILED JUL 13 2016 BY <u>IO 2008</u> LOGOUT
	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



Help with this form

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. <u>000029496</u>			
2. Name of Corporation <u>Pawtuxet Village Association, Inc.</u>			
3. State of Incorporation			
State: <u>RI</u>			
4. Corporate Address in Rhode Island			
No. and Street: <u>P.O. BOX 8626</u>			
City or Town: <u>WARWICK</u>	State: <u>RI</u>	Zip: <u>02888</u>	Country: <u>USA</u>
5. Foreign Corporation. Enter Principal Office Address			
No. and Street: <u>12 CROCKETT ST</u>			
City or Town: <u>WARWICK</u>	State: <u>RI</u>	Zip: <u>02889</u>	Country: <u>USA</u>
6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island			
<u>FOSTER THE WELL BEING OF THE RESIDENTS OF PAWTUXET, IMPROVE QUALITY OF LIFE</u>			
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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete			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			
Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	PRESIDENT	SUSAN HARTMAN	24 MATHER STREET CRANSTON, RI 02905 USA

<input type="checkbox"/>	DIRECTOR	JANET HARTMAN	25 FAIR STREET WARWICK, RI 02888 USA
<input type="checkbox"/>	Treasurer	FELICIA GARDELLA	12 CROCKETT ST WARWICK, RI 02889 USA
<input type="checkbox"/>	Secretary	PAULA SULLIVAN	400 NARR PKWY SA10 WARWICK, RI 02889 USA
<input type="checkbox"/>	Director	ALEXIS HAZARD	37 S FAIR ST WARWICK, RI 02889 USA
<input type="checkbox"/>	Director	VIRGINIA LESLIE	27 POST RD WARWICK, RI 02889 USA

Select From Below ▼ Title:

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____
 Address: _____ City: _____ State: _____ Zip: _____ Country: _____

**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**

CAROLE PANOS 95 ALBERT AVENUE CRANSTON , RI 02905

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

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: FELICIA GARDELLA

Business Name:

No. and Street: 12 crockett st - Same Address as - ▼

City or Town: WARWICK State: RI Zip: 02889 Country: USA

Contact Phone: 4017490311 ext: _____

Contact Email: fgardella311@gmail.com

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 11 Day of July, 2016 at 12:52:11 PM 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 
Signature of Authorized Person



By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-6. You hereby agree that any legal issues or causes of action arising from the submission of this

Accept Decline

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