



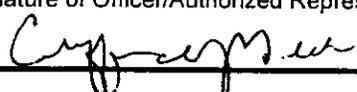
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

DECLARATION OF PREPAREDNESS

1. Entity ID Number 000139873		2. Exact name of the Corporation WARWICK NECK IMPROVEMENT ASSOCIATION INCORPORATION			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island NEIGHBORHOOD ASSOCIATION			
5. Principal Office Address P.O.BOX 9247			City WARWICK	State RI	Zip 02889
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name ANN GOODING			Vice-President Name MARK MCHUGH		
Street Address 265 NARRAGANSETT AVENUE			Street Address 171 CARLTON AVENUE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Secretary Name BERNARDINE DIORIO			Treasurer Name CLIFFORD J. DECK		
Street Address 64 CHANNEL VIEW, UNIT 2			Street Address 159 ALDRICH AVENUE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name PETER ROWETT			Director Name JACKIE MARSHALL		
Street Address 4 KATHERINE COURT			Street Address 133 BALCOM AVENUE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Director Name GEB CARBONE			Director Name JONATHAN KNIGHT		
Street Address 21 BALCOM AVENUE			Street Address 141 TEA HOUSE LANE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative CLIFFORD J. DECK				Date 06/17/16	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

FILED

JUL 14 2016

BY 305

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

Warwick Neck Improvement Association

Directors

Continuation:

Fred Parker	151 Blackstone Avenue	Warwick, RI 02889
Jim Hovey	170 Medford Street	Warwick, RI 02889
Rhonda Shumaker	161 Aldrich Avenue	Warwick, RI 02889
Jack Henriques	275 Narragansett Bay Ave	Warwick, RI 02889