



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. 000028703

2. Name of Corporation CHEPIWANOXET NEIGHBORS ASSOCIATION

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 89 HERBERT STREET

City or Town: EAST GREENWICH

State: RI

Zip: 02818

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

PROTECTION AND NEIGHBORHOOD IMPROVEMENT

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	JULIE MARIE LEBLANC	89 HERBERT ST EAST GREENWICH, RI 02818 USA
TREASURER	JOHN DEFRANCESCO	33 ALGER AVE WARWICK, RI 02818 USA
DIRECTOR	WENDY BERMAN	26 ALGER AVE

		WARWICK, RI 02818 USA
DIRECTOR	DOUG BERMAN	26 ALGER AVE WARWICK, RI 02818 USA
DIRECTOR	JAROD CHELO	79 HERBERT ST #2R EAST GREENWICH, RI 02818 USA
DIRECTOR	NEIL ROSS	90 HERBERT STREET EAST GREENWICH, RI 02818 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**

JULIE M. LEBLANC 89 HERBERT STREET EAST GREENWICH , RI 02818

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

Signed this 22 Day of July, 2016 at 10:26:19 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 JULIE M. LEBLANC
Signature of Authorized Person

Form No. 631
Revised 09/07

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