



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. 000938570

2. Name of Corporation The Friends of Nockum Hill

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 153 GEORGE STREET

City or Town: BARRINGTON

State: RI Zip: 02806 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

IDENTIFY, PROTECT, RESTORE, RECONSTRUCT AND MAINTAIN BUILDINGS, SITES, OBJECTS, DISTRICTS AND OPEN SPACE POSSESSING HISTORICAL ARCHITECTURAL, AGRICULTURAL AND NATURAL ECOLOGICAL SIGNIFICANCE IN THE NOCKUM HILL AREA OF THE TOWN OF BARRINGTON RHODE ISLAND

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
DIRECTOR	LAUREN A CLEGG	141 BARRINGTON, RI 02806 USA

DIRECTOR	JASON T LAWRENCE	153 GEORGE STREET BARRINGTON, RI 02806 USA
DIRECTOR	ELIZABETH S WARREN	18 HOMESTEAD AVE BARRINGTON, RI 02806 USA
DIRECTOR	BURTON VAN NAME EDWARDS	3 HONEYSUCKLE COURT BARRINGTON, RI 02806 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**

JASON T. LAWRENCE 153 GEORGE STREET BARRINGTON , RI 02806

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

Signed this 8 Day of September, 2016 at 2:18:33 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 JASON T. LAWRENCE
Signature of Authorized Person

Form No. 631
Revised 09/07

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