RI SOS Filing Number: 201627635330 Date: 11/22/2016 2:17 PM

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

Annual Report for the year: 2004
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.

2016 NOV 22 PM 2:17 RI DEPT. OF STATE CORPORATIONS

1. Entity ID Number	2. Exact name of the Corporation		
000031363	RIVERSIDE IMPROVEMENT ASSOCIATION OF SOUTH KINGSTON		
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island		
RI	Neighborhood Association		
5. Principal Office Address	City	State	Zip
853 Middlebridge Rd	Wakefield	RI	02879

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name Roger N. Begin			Vice-President Name		
Street Address 15 Riverside Drive			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name Noreen Linskey			Treasurer Name Noreen Linskey		
Street Address 853 Middlebridge Rd.			Street Address 853 Middlebridge Rd.		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name Roger N. Begin			Director Name Noreen Linskey		
Street Address 15 Riverside Drive			Street Address 853 Middlebridge Rd.		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name James Mattiucci			Director Name		
Street Address 816 Middlebridge Rd.			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip

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.

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

Name of Officer/Authorized Representative	Date
	11-11-16

Signature of Officer/Authorized Representative

SIGN DOCUMENT HERE

FILED
NOV 22 2017
BY 25772

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov
145363-14-1134504

FORM 631 - Revised: 05/2016

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