



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.

1. Entity ID Number <u>000075113</u>		2. Exact name of the Corporation <u>LYMANSVILLE NEIGHBORHOOD ASSOCIATION</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Beautification and safety of Lymanville Neighborhood</u>			
5. Principal Office Address <u>68 Greenville Ave</u>		City <u>North Providence</u>		State <u>RI</u>	Zip <u>02911</u>
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>Donato Cecere, Jr.</u>			Vice-President Name		
Street Address <u>39 Greenville Ave.</u>			Street Address		
City <u>N. Providence</u>	State <u>RI</u>	Zip <u>02911</u>	City	State	Zip
Secretary Name <u>Mary Ann Cecere</u>			Treasurer Name <u>Paula Cuculo</u>		
Street Address <u>39 Greenville Ave</u>			Street Address <u>68 Greenville Ave</u>		
City <u>N. Providence</u>	State <u>RI</u>	Zip <u>02911</u>	City <u>N Providence</u>	State <u>RI</u>	Zip <u>02911</u>
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name <u>Donato Cecere Jr.</u>			Director Name <u>Paula Cuculo</u>		
Street Address <u>39 Greenville Ave</u>			Street Address <u>68 Greenville Ave</u>		
City <u>N. Providence</u>	State <u>RI</u>	Zip <u>02911</u>	City <u>N. Providence</u>	State <u>RI</u>	Zip <u>02911</u>
Director Name <u>Mary Ann Cecere</u>			Director Name		
Street Address <u>39 Greenville Ave</u>			Street Address		
City <u>N. Providence</u>	State <u>RI</u>	Zip <u>02911</u>	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 <u>Paula M. Cuculo</u>				Date <u>12/7/16</u>	
Signature of Officer/Authorized Representative <u>Paula M. Cuculo, Treasurer</u>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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