



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. 000057061

2. Name of Corporation Connetta's Mobile Home Park Residents Cooperative Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: C/O DEAN FARIAS
443 DYER AVENUE

City or Town: CRANSTON State: RI Zip: 02920 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

NON PROFIT CO-OP MOBILE HOME PARK-PLACE FOR AFFORDABLE LIVING

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	DEAN FARIAS	443 DYER AVENUE (#22) CRANSTON, RI 02920 USA
VICE PRESIDENT	CHARLES MAZZA	443 DYER AVE #13 CRANSTON, RI 02920 USA

DIRECTOR	DEAN FARIAS	443 DYER AVE. #22 CRANSTON, RI 02920 USA
DIRECTOR	LYNN CONATY	443 DYER AVE #17 CRANSTON, RI 02920 USA
DIRECTOR	CHARLES MAZZA	443 DYER AVE #13 CRANSTON, RI 02920 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**

DEAN FARIAS 443 DYER AVENUE, #22 CRANSTON , RI 02920

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

Signed this 2 Day of January, 2017 at 1:23:16 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 DEAN FARIAS
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2017 State of Rhode Island and Providence Plantations
All Rights Reserved