



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

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 DIVISION OF STATE
 BUSINESS SERVICES DIV
 2016 DEC 27 PM 12:47

Annual Report for the year: 2015

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 000026625 | | 2. Exact name of the Corporation Apponaug Area Improvement Association | | | |
| 3. State of Incorporation Rhode Island | | 4. Brief description of the character of business conducted in Rhode Island Neighborhood Improvement | | | |
| 5. Principal Office Address PO Box 7892 | | | City Warwick | State RI | Zip 02887 |
| 6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Derek Andersen | | | Vice-President Name Carol Ponte | | |
| Street Address 2 Gilbert Street | | | Street Address 3343 Post Road | | |
| City Warwick | State RI | Zip 02886 | City Warwick | State RI | Zip 02886 |
| Secretary Name Linda King | | | Treasurer Name Carol Pratt | | |
| Street Address 67 Bragger Street | | | Street Address 29 Chapman's Avenue | | |
| City Warwick | State RI | Zip 02886 | City Warwick | State RI | Zip 02886 |
| 7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Derek Andersen | | | Director Name Carol Ponte | | |
| Street Address 2 Gilbert Street | | | Street Address 3343 Post Road | | |
| City Warwick | State RI | Zip 02886 | City Warwick | State RI | Zip 02886 |
| Director Name Linda King | | | Director Name Carol Pratt | | |
| Street Address 67 Bragger Street | | | Street Address 29 Chapman's Avenue | | |
| City Warwick | State RI | Zip 02886 | City Warwick | State RI | Zip 02886 |
| 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. | | | | | |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i> | | | | | |
| Name of Officer/Authorized Representative CAROL C PONTE | | | | | Date |
| Signature of Officer/Authorized Representative <i>Carol C Ponte</i> | | | | | |

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

1:19 **FILED**
 JAN 17 2017
 BY *[Signature]* 293378