



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

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 BUSINESS SERVICES DIV
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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>					

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 BY *[Signature]* 293378

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov