

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2014

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	<u> </u>
JEC 27 PH 12: 41	STOR BINE

1. Entity ID Number 000026625		Exact name of the Corporation Apponaug Area Improvement Association					
3. State of Incorporation	4. Brief des	Brief description of the character of business conducted in Rhode Island					
Rhode Island		Neighborhood Improvement					
5. Principal Office Address			City	State	Zip		
PO Box 7892		Warwick	RI	02887			
6. List ALL officers (names and	addresses)			Check the box to i	ndicate an attachment		
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 an	d addresses). I	RI Corporations MU	JST list at least THREE dire				
Director Name Derek Andersen			Check the box to indicate an attachment 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		
Registered Agent in Rhode Is	land. This inforr	nation is currently of	record in the Department of Sta	ate. Changes require filing	g Form 641.		
Under penalty of perjury, I dec statements, and that all stater	clare and affin	m that I have exai	mined this report, includir				
This report must be signed by either the i				norized Representative, Rece	iver or Trustee.		
Name of Officer/Authorized Representative CAROL C. PONTE				Date	Date		
Signature of Officer/Authorized F	Representative	y 23 s 2	, Mengri HERe	1			

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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