



Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2017

- 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 793369		2. Exact name of the Corporation Little Compton Assistance Association			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island Charitable purposes of benefitting and supporting residents and workers of Little Compton by providing short term emergency financial assistance per Director of Social Services			
4. NAICS Code 624190					
6. Principal Office Address P.O. Box 253			City Little Compton	State RI	Zip 02837
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rev. Patrick Crough			Vice-President Name None		
Street Address 7 Old Stone Church Road			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
Secretary Name Jane Gallagher			Treasurer Name Albert B. Stoebler		
Street Address 10 North Tupelo Drive			Street Address 27 High Meadow Road		
City Little Compton	State R.I.	Zip 02837	City Little Compton	State R.I.	Zip 02837
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Joan Buhrendorf			Director Name Sandy Farr		
Street Address 21 Quicksand Pond Road			Street Address 44 Butts Rock Road		
City Little Compton	State R.I.	Zip 02837	City Little Compton	State R.I.	Zip 02837
Director Name Susan Chase			Director Name Sr. Ellen Martin, RSM		
Street Address 299 Long Highway			Street Address 55 Ocean Drive		
City Little Compton	State R.I.	Zip 02837	City Little Compton	State R.I.	Zip 02837
9. 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 Albert B. Stoebler				Date May 31, 2017	
Signature of Officer/Authorized Representative A.B. Stueb					

FILED



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

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President Name				Vice-President Name							
Street Address				Street Address							
City		State		Zip		City		State		Zip	
Secretary Name				Treasurer Name							
Street Address				Street Address							
City		State		Zip		City		State		Zip	
8. 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 Rev. Beverley Edwards				Director Name Rev. Lynn Criville							
Street Address 340 Main Street				Street Address P.O. Box 491							
City Little Compton		State R.I.		Zip 02837		City Little Compton		State R.I.		Zip 02837	
Director Name Rev. Rebecca Floyd Marshall				Director Name Susan Sisson							
Street Address U.C.C. The Commons				Street Address 88 East Main Road							
City Little Compton		State R.I.		Zip 02837		City Little Compton		State R.I.		Zip 02837	
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Name of Officer/Authorized Representative Albert B. Staebler									Date May 31 2017		
Signature of Officer/Authorized Representative (A.B. Staebler)											

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