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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year:	20.0
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	2. Exact name of the Corporation			· · · · · · · · · · · · · · · · · · ·			
793369	Little Compton Assistance Association						
3. State of Incorporation	5. Brief description of the characte	or of business conducted in Rhode Is	land				
R.I.	charitoble purpo	isos of benefitting	ond 20250	ceing .			
4. NAICS Code	chart them sumed	akers of rithe C	owstan po	bronging			
624190	Director of Social	uncy financial ass	istance,	(ख.			
6. Principal O⊡ce Address		City	State	Zip			
P.O. Box 253		rithe Compton	EI	02837			
7. List ALL o⊡cers (names and add	lresses)	Check the	e box to indicate a	ın attachment			
President Name Rev. Patrick Cr	-ona <sub>l</sub> v	Vice-President Name					
Street Address 7 010 Stane Chu	0 ~ 7	Street Address		******			
city Tivectan	State Zip C2878	City	State	Zip			
Secretary Name 5 and Callinghe		Treasurer Name ALBERT B. Stack	281				
Street Address 10 North Tupelo		Street Address 21 High Meado	i				
city		City 0	State T	Zigo so so			
8. List ALL directors (names and ad	State CD 2830	Little Compton	K.T	C283)			
o. List ALL directors (riantes and ad	diesses). Ri Colporations <b>mus</b> i ils		ck the box to indicat	e an attachment 🗹			
Director Name 50an Buhrendo	or t	Director Name Sandy Fart		, <u>, , ,</u>			
Street Address	and Road	Street Address 44 Butts Rock	Road	, <u>,,, .</u>			
City	State Zip	Çity	State	Zip			
Director Name	B' = 10783i)	Director Name	18.2.	103832			
Susan Chase			D RSU				
Street Address 299 Long High	Nan	Street Address	)				
	State Zip OX837	city the compton	State	zip 02837			
9. Registered Agent in Rhode Island			uire filing Form 641.				
Under penalty of perjury, I declare and a rm 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, Treesurer, duly Authorized Representative, Receiver or Trustee.							
Name of O□cer/Authorized Represe	entative	· · · · · · · · · · · · · · · · · · ·	Date				
Albert B. St	depler		May 31	2017			
Signature of O cer/Authorized Repr	esentative	FILED					

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov





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

Annual Report for the year: 2017 Non-Pro¿t Corporation

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R.I	chantab	16 borbose	3 of power, 4ma an	ig 2015bort	ing		
4. NAICS Code	- Lesigenz	ican pure	KAR OF MITHEN CO	pd organ	pribuding		
	Directo	of someto	Here of Lither Co Hervines ous	2. stange	ber 1		
6. Principal O⊡ce Address		04 10010	City	State	Zip		
P.O. Box 253	P.O. Box 253		Little Compton	RI	02831)		
7. List ALL o□cers (names and ad	dresses)	7.4		e box to indicate a	n attachment		
President Name		Vice-President Name					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
Secretary Name			Treasurer Name	<u>.</u>			
Street Address		Street Address					
City	State	Zip	City	State	Zip		
8. List ALL directors (names and ad	ddresses). RI Corp	porations MUST lis					
Director Name			Director Name	ck the box to indicate	an attachment		
Rev. Belledey Edwards		Red. Lynn Cruille					
Street Address 340 Main Street	ts		Street Address U P-O, BOX 491				
Little Compton	State	Zip 02837	City Compton	State R I	Zip 02837		
Director Name	ed Mars	rall	Director Name SUSAN SIBSON	7 2 2	100001		
Street Address			Street Address 88 East Man Road				
City the Compton	State	Zip 02837	City Country		Zip 02630		
	d. This information is		in the Department of State Changes requ	uire Jina Form 641.			
	e and a□ rm that	I have examined	this report, including any accomp		s and		
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.							
Name of O□cer/Authorized Represe	entative			Date			
Albert B. Stackler May 31 2017					2017		
Signature of Olicer/Authorized Representative							
(MB. Xth)							
All TO:			<del> </del>	$\sim 111$			

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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JUN 0 5 2017