RI SOS Filing Number: 201744877600 Date: 6/5/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

| Annual Report for the year: | 2017 |
|-----------------------------|------|
| 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

| Penalty: Additional \$25.00 fee if | · | | | | | | |
|---|---|---|---|--------------------------------|----------------------|--|--|
| 1. Entity ID Number 26331 | 2. Exact name of the Corporation Downtown Business Association | | | | | | |
| State of Incorporation RI | 5. Brief desc | Brief description of the character of business conducted in Rhode Island Improve Economic Development in the downtown area. | | | | | |
| 4. NAICS Code | ┨ | | • | | | | |
| 813910 - Business Associati | | | | | | | |
| 6. Principal Office Address | <u></u> | | City | State | Zip | | |
| 18 High Street | | | Westerly | RI | 02891 | | |
| 7. List ALL officers (names and ad | dresses) | | C | heck the box to indicate | an attachment | | |
| President Name Wendy Brown | | | Vice-President Name Mia B | Vice-President Name Mia Byrnes | | | |
| Street Address 18 High Street | | Street Address 1 West Broad Street | | | | | |
| ^{City} Westerly | State RI | ^{Zip} 02891 | City Pawcatuck | State CT | ^{Zip} 06379 | | |
| Secretary Name Susan Champor | ouillion Treasurer Name Kelly Tre | | naine | | | | |
| Street Address 40 High Street | | Street Address 99 Mechanic Street | | | | | |
| ^{City} Westerly | State RI | ^{Zip} 02891 | City Pawcatuck | State CT | ^{Zip} 06379 | | |
| 8. List ALL directors (names and ad | ddresses). RI C | orporations MUST | list at least THREE directors. | Check the box to indic | ote an attachment | | |
| Director Name Wendy Brown | | | Check the box to indicate an attachment Director Name Mia Byrnes | | | | |
| Street Address 18 High Street | | | Street Address 1 West Broad Street | | | | |
| City Westerly | State RI | ^{Zip} 02891 | City Pawcatuck | State CT | ^{Zip} 06379 | | |
| Director Name Susan Champouillion | | Director Name | | | | | |
| Street Address 18 High Street | | Street Address | | | | | |
| ^{City} Westerly | State RI | Zip 02891 | City | State | Zip | | |
| 9. Registered Agent in Rhode Islan | d. This information | on is currently of reco | rd in the Department of State. Char | nges require filing Form 64 | 11. | | |
| Under penalty of perjury, I declar statements, and that all statemen | e and affirm thats contained | hat I have examine herein are true and | ed this report, including any a d correct. | accompanying schedu | les and | | |
| This report must be signed by either the Pres | | | | presentative, Receiver or Trus | tee. | | |
| Name of Officer/Authorized Representative Kelly Tremaine | | | Date 6-1-2017 | | | | |
| Signature of Officer/Authorized Repr | resentative | and dec | Jivij, N.) Hedu | ——· I | | | |
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MAIL TO:

Division of Business Services

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