



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.

1. Entity ID Number 26331		2. Exact name of the Corporation Downtown Business Association		
3. State of Incorporation RI		5. 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 18 High Street		City Westerly	State RI	Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name Wendy Brown		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
Secretary Name Susan Champouillion		Treasurer Name Kelly Tremaine		
Street Address 40 High Street		Street Address 99 Mechanic Street		
City Westerly	State RI	Zip 02891	City Pawcatuck	State CT
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 Wendy Brown		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
Director Name Susan Champouillion		Director Name		
Street Address 18 High Street		Street Address		
City Westerly	State RI	Zip 02891	City	State
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.				
<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 Kelly Tremaine			Date 6-1-2017	
Signature of Officer/Authorized Representative 				

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 JUN 05 2017
 BY 1074 DS