



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. Corporate ID No.** 000162392

**2. Name of Corporation** Swamptown Enterprises

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813319

**4. Corporate Address in Rhode Island**

No. and Street: 156 HIDEAWAY LANE

City or Town: NORTH KINGSTOWN

State: RI

Zip: 02852

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO DOCUMENT, PRESERVE, PROTECT AND PROMOTE THE HISTORIC, MARITIME AND ARTISTIC HERITAGE OF THE COMMUNITY OF NORTH KINGSTOWN

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

| <b>Title</b> | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|--------------|-------------------------------------------------------|-------------------------------------------------------------------|
| DIRECTOR     | KAREN-LU LAPOLICE                                     | 50 ANGEL AVENUE<br>NORTH KINGSTOWN, RI 02852                      |
| PRESIDENT    | G. TIMOTHY CRANSTON                                   | 156 HIDEAWAY LANE<br>NORTH KINGSTOWN, RI 02852 USA                |
| DIRECTOR     | SUSAN AYLWARD                                         | 309 W. ALLENTON RD<br>N. KINGSTOWN, RI 02852 USA                  |
| DIRECTOR     | RACHEL PEIRCE                                         | 122 PLEAANT ST<br>N. KINGSTOWN, RI 02852 USA                      |
| DIRECTOR     | HARRIET E. POWELL                                     | 865 GILBERT STUART RD<br>SAUNDERSTOWN, RI 02874 USA               |

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

G. TIMOTHY CRANSTON 156 HIDEAWAY LANE NORTH KINGSTOWN , RI 02852

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 8 Day of June, 2017 at 10:32:47 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By G. TIMOTHY CRANSTON  
Signature of Authorized Person

Form No. 631  
Revised 09/07