



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

 RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV
NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: June 1 - June 30 - This report must be typed or printed legibly.

Filing Fee: \$20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>150547</b>		2. Exact name of the Corporation <b>Lincoln Taxpayers Association</b>	
3. State of Incorporation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>TO IMPROVE + PROMOTE THE EDUCATION, COMMERCIAL, ECONOMIC INTERESTS OF THE CITIZENS OF THE TOWN OF LINCOLN + PRESERVE OPEN LAND + WATER</b>	
5. Principal office address <b>578 CHARLES ST</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02904</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <b>RONALD STEWART M.D.</b>		Vice-President Name	
Street Address <b>310 TWIN RIVER RD.</b>		Street Address	
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	
Secretary Name		Treasurer Name <b>ANNE BAGLINI</b>	
Street Address		Street Address <b>305 TWIN RIVER RD</b>	
City	State	Zip	
		<b>LINCOLN</b>	<b>RI 02865</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <b>CHRISTINE STEWART</b>		Director Name <b>RONALD STEWART</b>	
Street Address <b>310 TWIN RIVER RD.</b>		Street Address <b>310 TWIN RIVER RD.</b>	
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	
Director Name <b>ANNE BAGLINI</b>		Director Name <b>LINCOLN</b>	
Street Address <b>305 TWIN RIVER RD.</b>		Street Address	
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 09 2017

BY gib 305701

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.

Signature of Officer

Date

ANNE T BAGLINI

Print or Type Name of Officer

TREASURER

Title of Officer