RI SOS Filing Number: 201745387090 Date: 6/12/2017 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.

1. Entity ID Number	2. Exact name of the Corporation
29733	**The Steere Family Association Incorporated**
3. State of Incorporation: **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island: **Family association for reunions, genealogy and cemeteries**
4. NAICS Code: **813211 - Grantmaking Foun**	

6. Principal Office Address	City	State	Zip
144 Grant Drive	**North Kingstown**	**RI**	**02852**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: **Timothy Reiner**			Vice-President Name: **Jeremy Bourget**		
Street Address: **12 Lakeshore Drive**			Street Address: **5 Redland Avenue**		
City: **Johnston**	State: **RI**	Zip: **02919**	City: **East Providence**	State: **RI**	Zip: **02916**
Secretary Name: **Sarah Steere**			Treasurer Name: **Lois Dexter**		
Street Address: **40 Seneca Drive**			Street Address: **144 Grant Drive**		
City: **Noank**	State: **CT**	Zip: **06340**	City: **North Kingstown**	State: **RI**	Zip: **02852**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: **Randall Steere**			Director Name: **Clifford Brown**		
Street Address: **15 Drawbridge Road**			Street Address: **180 Brown Street**		
City: **Westford**	State: **RI**	Zip: **01886**	City: **Providence**	State: **RI**	Zip: **02906**
Director Name: **Lydia Steere**			Director Name: **Diane Steere Nobles**		
Street Address: **106 Douglas Hook Road**			Street Address: **17 East Pond Road**		
City: **Chepachet**	State: **RI**	Zip: **02814**	City: **Narragansett**	State: **RI**	Zip: **02882**

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.

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

Name of Officer/Authorized Representative	Date
Lois E. Dexter, Treasurer	**June 9, 2017**

Signature of Officer/Authorized Representative: Lois E. Dexter

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

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