Total Name	
(PS)	
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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	2017
Non-Profit Corporation	4011

→ Filing period: June 1 - June 30 → Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if	form is not filed l	by July 30.					
1. Entity ID Number	2. Exact name of the Corporation						
29733	The Steere Family Association Incorporated						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Family association for reunions, genealogy and cemeteries						
4. NAICS Code							
813211 - Grantmaking Foun							
6. Principal Office Address		City	State	Zip			
44 Grant Drive			North Kingstown	RI	02852		
7. List ALL officers (names and add	lresses)			k the box to indicate	an attachment		
President Name Timothy Reiner			Vice-President Name Jeremy Bourget				
Street Address 12 Lakeshore Drive			Street Address 5 Rediand Avenue				
City Johnston	State RI	^{Zip} 02919	City East Providence	State RI	^{Zip} 02916		
			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 Islan	d, This information	on is currently of reco	d in the Department of State. Change	s require filing Form 64	1.		
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							
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 1 2 2017

FORM 631 - Revised: 05/2017