RI SOS Filing Number: 201745398230 Date: 6/12/2017 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

2017

→ Fifing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penather Additional \$25.00 fee if form is not filed by July 30.

→ Penaity: Additional \$25,00 fee if	torm is not filed by	July 30.				
1. Entity ID Number	2. Exact name of the Corporation					
babak	Friends of the Barrington Senior Center, Inc.					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
RI	Provides fundraising and financial support to the Barrington Senior Center					
4. NAICS Code						
624120 - Services for Elde▼						
6. Principal Office Address			City	State	Zip	
281 County Road			Barrington	RI	02806	
7. List ALL officers (names and addresses)			Check the box to indicate an attachment			
President Name Robert R. Faulkner			Vice-President Name Ralph Weaver			
Street Address 10 Stratford Road			Street Address 21 Melrose Avenue			
City Barrington	State RI	^{Zip} 02806	City Barrington	State RI	^{Zip} 02806	
Secretary Name James A. Jackson Treasurer Name			Treasurer Name Craig Wood	surer Name Craig Wood		
Street Address 8 Fireside Drive			Street Address 74 Village Drive			
City Barrington	State RI	^{Zip} 02806	^{City} Riverside	State RI	^{Zip} 02915	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name Ronald Hillegas			Director Name Moyne Cubbage			
Street Address 53 Jenny Lane			Street Address 63 Teed Avenue			
City Barrington	State RI	^{Zip} 02806	City Barrington	State RI	^{Zip} 02806	
Director Name Gerald W. Carrick			Director Name Bonnie LaBelle			
Street Address 15 Arvin Avenue			Street Address 11 Fairway Drive			
City Barrington	State RI	^{Zip} 02806	City Barrington	State RI	^{Zip} 02806	
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 ROBERT R. FAVLKNER			Date 6/7/	Date 6/7/17		
Signature of Officer/Authorized Representative						
Kolot Ktaulling FILED to						

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 2617