



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:

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.

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 BUS SVCS DIV
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1. Entity ID Number 29697		2. Exact name of the Corporation PETTAQUANSWITT LAKE SHORES IMPROVEMENT ASSOCIATION	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island NEIGHBORHOOD IMPROVEMENTS AND SOME EVENTS FOR MEMBERS	
4. NAICS Code			
6. Principal Office Address 30 WOODSIA ROAD		City SAUNDERSTOWN	State RI
		Zip 02874	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name		Vice-President Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Secretary Name		Treasurer Name EARL TRAVERS	
Street Address		Street Address 28 HUCKLEBERRY TRAIL	
City	State	City SAUNDERSTOWN	State RI
Zip		Zip 02874	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name CHERYL CAMPO		Director Name KAT CORBISHLEY	
Street Address 65 MEADOW SWEET TRAIL		Street Address 70 MEADOW SWEET TRAIL	
City SAUNDERSTOWN	State RI	City SAUNDERSTOWN	State RI
Zip 02874		Zip 02874	
Director Name NANCY GATES		Director Name ALLAN REDFERN	
Street Address 21 TWIN LEAF		Street Address 90 WOODSIA ROAD	
City SAUNDERSTOWN	State RI	City SAUNDERSTOWN	State RI
Zip 02874		Zip 02874	
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 EARL TRAVERS			Date 6/16/17
Signature of Officer/Authorized Representative <i>Earl Travers</i>			

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

FILED
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 BY *[Signature]* 306160
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DIRECTORS CONTINUED

BOB D'ORDINE

14 MEADOWRUE TRAIL

SAUNDERSTOWN, RI 02874

MARIE STRAUSS

56 WOODSIA ROAD

SAUNDERSTOWN, RI 02874

SHAWN PERRY

24 TWIN LEAF TRAIL

SAUNDERSTOWN, RI 02874

EARL TRAVERS

28 HUCKLEBERRY TRAIL

SAUNDERSTOWN, RI 02874