RI SOS Filing Number: 201746778220 Date: 6/26/2017 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

-> 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 C	orporation								
541080	Wilcox	Wilcox East Neighborhood Association, INc.									
3. State of Incorporation	5. Brief descrip	tion of th	ne characte	r of business conducted in	Rhode isla	and					
Rhode Island		ote 1	the ge	neral welfare	of the	Wil	lcox E	Cast	nei	дh	
4. NAICS Code	hood.										
813410											
6. Principal Office Address				City		State		Zip		_	
6 Narragansett Ave.				Westerly		RI		02891			
7. List ALL officers (names and add	dresses)			<del></del>	Check the	box to	indicate a	n attac	hment		
President Name John Armstrong				Vice-President Name							
Street Address 24 Spruce Street				Street Address							
<sup>City</sup> Westerly	State RI	Zip	02891	City		State		Zip			
Secretary Name Anthony clancy				Treasurer Name Frederick C. Eckel, Jr.							
Street Address 11 Vose Street				Street Addrass Grove Ave.							
<sup>City</sup> Westerly	State RI	Zip	02891	City Westerly		State	RI	Zip	0289	1	
8. List ALL directors (names and ac	dresses). RI Co	rporation	ns MUST lis	t at least THREE directors.	Chool	k the her	x to indicate	an att	achment	ГХ	
Director Name				Director Name		K trie box	k to mulcat	arı att	acimient	=	
Gail Armstrong				John Armstrong							
Street Address 24 Spruce Street				Street Address 24 Spruce	Stree	et					
City Westerly	State RI	Zip	02891	<sup>City</sup> Westerly		State	RI	Zip	0289	1	
Director Name Anthony Cl	Director Name Frederick C. Eckel, Jr.										
Street Address 11 Vose Street				Street Address 41 Grove Ave.							
City Westerly	State RI	Zip	02891	<sup>City</sup> Westerly		State	RI	Zip	0289	1	
9. Registered Agent in Rhode Islan	d. This information	is curren	tly of record	in the Department of State. Ch	hanges requ	ire filing	Form 641.				
Under penalty of perjury, I declar statements, and that all statemer					y accompa	anying	schedule	s and			
his report must be signed by either the Pres	ident, Vice-President,	Secretary,	Assistant Sec	retary, Treasurer, duly Authorized i			er or Truste	<b>)</b> .			
Name of Officer/Authorized Repres	entative	אמה ני	·		$A \downarrow$	Date	123/1	フ			
ignature of Officer/Authorized Rep	resentative			MENTHERS ()	10	7			Manager 6		

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 2 6 2017

FORM 631 - Revised: 05/2017

Attachment for Annual Report 2017 Wilcox East Neighborhood Association, Inc.

Kim Jones 20 Newton Ave., Westerly, RI 02891

Bruce Fusaro 79 Summer Street, Westerly, RI 02891

Joseph Wagner 4 Vose Street, Westerly, RI 02891

J.E. Tapallo 19 Narragansett Ave. Westerly, RI 02891