



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2017

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>31363</b>		2. Exact name of the Corporation <b>RIVERSIDE IMPROVEMENT ASSOCIATION OF SOUTH KINGSTOWN</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>MAINTAINING A BEACH LOT HELD IN COMMON BY ALL ASSOCIATION MEMBERS</b>			
5. Principal office address <b>853 MIDDLEBRIDGE ROAD</b>		City <b>WAKEFIELD</b>		State <b>RI</b>	Zip <b>02879</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>ROGER BEGIN</b>			Vice-President Name <b>JAMES MATTIUCCI</b>		
Street Address <b>15 RIVERSIDE DRIVE</b>			Street Address <b>816 MIDDLEBRIDGE ROAD</b>		
City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>
Secretary Name <b>NOREEN LINSKEY</b>			Treasurer Name <b>NOREEN LINSKEY</b>		
Street Address <b>853 MIDDLEBRIDGE ROAD</b>			Street Address <b>853 MIDDLEBRIDGE ROAD</b>		
City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>ROGER BEGIN</b>			Director Name <b>JAMES MATTIUCCI</b>		
Street Address <b>AS ABOVE</b>			Street Address <b>AS ABOVE</b>		
City	State	Zip	City	State	Zip
Director Name <b>NOREEN LINSKEY</b>			Director Name		
Street Address <b>AS ABOVE</b>			Street Address		
City	State	Zip	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

JUN 30 2017

**10/9**

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.

Signature of Officer or Authorized Representative

Date

**NOREEN LINSKEY**  
 Print or Type Name of Officer or Authorized Representative