



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. 31363		2. Exact name of the Corporation RIVERSIDE IMPROVEMENT ASSOCIATION OF SOUTH KINGSTOWN			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island MAINTAINING A BEACH LOT HELD IN COMMON BY ALL ASSOCIATION MEMBERS			
5. Principal office address 853 MIDDLEBRIDGE ROAD		City WAKEFIELD	State RI	Zip 02879	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ROGER BEGIN			Vice-President Name JAMES MATTIUCCI		
Street Address 15 RIVERSIDE DRIVE			Street Address 816 MIDDLEBRIDGE ROAD		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
Secretary Name NOREEN LINSKEY			Treasurer Name NOREEN LINSKEY		
Street Address 853 MIDDLEBRIDGE ROAD			Street Address 853 MIDDLEBRIDGE ROAD		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
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 ROGER BEGIN			Director Name JAMES MATTIUCCI		
Street Address AS ABOVE			Street Address AS ABOVE		
City	State	Zip	City	State	Zip
Director Name NOREEN LINSKEY			Director Name		
Street Address AS ABOVE			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: _____

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FILED

JUN 30 2017

BY 1019

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 6/26/17

NOREEN LINSKEY
 Print or Type Name of Officer or Authorized Representative