



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

2017

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.

1. Entity ID Number 133661		2. Exact name of the Corporation PINE LEDGE ROAD ASSOCIATION, INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island Neighborhood Association for maintenance of road and bridge to Pine Ledge Properties			
4. NAICS Code 813990					
6. Principal Office Address 99 Pineledge Road		City Greenville		State RI	Zip 02828
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Robinson			Vice-President Name Brian daLuz		
Street Address 103 Pineledge Road			Street Address 74 Pineledge Road		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name Virginia Martins			Treasurer Name Michael McShane		
Street Address 99 Pineledge			Street Address 105 Pineledge		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
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 Michael Robinson			Director Name Brian daLuz		
Street Address 103 Pineledge Road			Street Address 74 Pineledge Road		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Director Name Michael McShane			Director Name Virginia Martins		
Street Address 105 Pineledge Road			Street Address 99 Pineledge Road		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Virginia Martins, Secretary				Date 6/28/17	
Signature of Officer/Authorized Representative <i>Virginia Martins, Secretary</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

JUL 07 2017

BY 269 DS

FORM 631 - Revised: 06/2017