RI SOS Filing Number: 201748827700 Date: 8/28/2017 4:00:00 PM

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.

R.I. DEPT. OF STATE DUS SVCS DIV STAMP
2017 AUG 28 AM 11:35

1. Entity ID Number	2. Exact name of the Corporation
000029052	SNUG HARBOR-EAST MATUNUCK CIVIC ASSOCIATION
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: RAISE FUNDS FOR STUDENT SCHOLARSHIPS AND OTHER CIVIC WORKS
4. NAICS Code	

6. Principal Office Address	City	State	Zip
P.O. BOX 17	WAKEFIELD	RI	02879

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
WILLIAM J. GALLOGLY	27 SHANNON ROAD	WAKEFIELD	RI	02879

Vice-President Name	Street Address	City	State	Zip
RICHARD JURCZAK	255 KETTLE POND DRIVE	WAKEFIELD	RI	02879

Secretary Name	Street Address	City	State	Zip
ELAINE ALEXANDER	6 SUMMER STREET	WAKEFIELD	RI	02879

Treasurer Name	Street Address	City	State	Zip
MARGARET DOYLE	26 SHANNON ROAD	WAKEFIELD	RI	02879

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
WILLIAM J. GALLOGLY	27 SHANNON ROAD	WAKEFIELD	RI	02879

Director Name	Street Address	City	State	Zip
ELAINE ALEXANDER	6 SUMMER STREET	WAKEFIELD	RI	02879

Director Name	Street Address	City	State	Zip
RICHARD JURCZAK	255 KETTLE POND DRIVE	WAKEFIELD	RI	02879

Director Name	Street Address	City	State	Zip
MARGARET DOYLE	26 SHANNON ROAD	WAKEFIELD	RI	02879

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: WILLIAM J. GALLOGLY, PRESIDENT — Date: 8/25/17

Signature of Officer/Authorized Representative: [signature] SIGN DOCUMENT HERE

FILED AUG 28 2017

BY CA 311169

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

FORM 631 - Revised: 06/2017