



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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SECRETARY OF STATE  
CORPORATIONS  
2018 JAN -3 AM 11:40

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 000115510		2. Exact name of the Corporation FRIENDS OF HARMONY VILLAGE, INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO PRESERVE THE HERITAGE AND GENERATE THE SENSE OF COMMUNITY OF HARMONY, A VILLAGE OF GLOUCESTER.			
4. NAICS Code 813410					
6. Principal Office Address 14 SAWMILL RD. - P.O. BOX 120		City HARMONY		State RI	Zip 02829
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name ALYCE MACK			Vice-President Name NONE		
Street Address 14 SAWMILL RD. - P.O. BOX 122			Street Address		
City HARMONY	State RI	Zip 02829	City	State	Zip
Secretary Name PAULINE ANDERSON			Treasurer Name DIANE BARTLETT		
Street Address 759 TOURTELLOTT HILL RD.			Street Address 207 PUTNAM PIKE - P.O. BOX 66		
City N. SCITUATE	State RI	Zip 02857	City HARMONY	State RI	Zip 02829
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 ALYCE MACK			Director Name PAULINE ANDERSON		
Street Address 14 SAWMILL RD. - P.O. BOX 122			Street Address 759 TOURTELLOTT HILL RD.		
City HARMONY	State RI	Zip 02829	City N. SCITUATE	State RI	Zip 02857
Director Name DIANE BARTLETT			Director Name		
Street Address 207 PUTNAM PIKE - P.O. BOX 66			Street Address		
City HARMONY	State RI	Zip 02829	City	State	Zip
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 DIANE BARTLETT				Date DEC. 27, 2017	
Signature of Officer/Authorized Representative Diane Bartlett				FILED	

JAN 03 2018

BY le 321045