



Annual Report for the year: 2016
 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.

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 SECRETARY OF STATE
 CORPORATIONS DIV

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1. Entity ID Number 26143		2. Exact name of the Corporation Harbours Association, INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Neighborhood Association			
4. NAICS Code 813990					
6. Principal Office Address 28 Anchorage Way			City Barrington	State RI	Zip 02806
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jonathan Baker			Vice-President Name n/a		
Street Address 11 Harbour Road			Street Address —		
City Barrington	State RI	Zip 02906	City —	State —	Zip —
Secretary Name Barbara Lynch			Treasurer Name Cery Collins		
Street Address 5 Anchorage Way			Street Address 10 Harbour Road		
City Barrington	State RI	Zip 02906	City Barrington	State RI	Zip 02806
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 LISA CULTON			Director Name Jeff Puffer		
Street Address 6 Anchorage Way			Street Address 59 Ferry Lane		
City Barrington	State RI	Zip 02906	City Barrington	State RI	Zip 02906
Director Name Jonathan KUCUMARSKI			Director Name —		
Street Address 28 Anchorage Way			Street Address —		
City Barrington	State RI	Zip 02906	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.					
<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 Mr. Jonathan D. KUCUMARSKI				Date 01-23-2018	
Signature of Officer/Authorized Representative 				01-23-2018	

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

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