



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 <u>26143</u>		2. Exact name of the Corporation <u>Harbours Association, INC.</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Neighborhood Association</u>	
4. NAICS Code <u>813990</u>			
6. Principal Office Address <u>28 Anchorage Way</u>		City <u>Barrington</u>	State <u>RI</u>
		Zip <u>02806</u>	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Jonathan Baker</u>		Vice-President Name <u>n/a</u>	
Street Address <u>11 Harbour Road</u>		Street Address <u>—</u>	
City <u>Barrington</u>	State <u>RI</u>	Zip <u>02806</u>	
Secretary Name <u>Barbara Lynch</u>		Treasurer Name <u>Cery Collins</u>	
Street Address <u>5 Anchorage Way</u>		Street Address <u>14 Harbour Road</u>	
City <u>Barrington</u>	State <u>RI</u>	Zip <u>02806</u>	
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 <u>LISA CULTON</u>		Director Name <u>Jeff Puffer</u>	
Street Address <u>6 Anchorage Way</u>		Street Address <u>59 Ferry Lane</u>	
City <u>Barrington</u>	State <u>RI</u>	Zip <u>02806</u>	
Director Name <u>Jonathan Kucumarski</u>		Director Name <u>—</u>	
Street Address <u>28 Anchorage Way</u>		Street Address <u>—</u>	
City <u>Barrington</u>	State <u>RI</u>	Zip <u>02806</u>	
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 <u>Mr. Jonathan D. KUCUMARSKI</u>		Date <u>01-23-2018</u>	
Signature of Officer/Authorized Representative <u>[Signature]</u>		<u>01-23-2018</u>	

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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FORM 631 - Revised: 11/2017

BY [Signature] 329255