

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: 2018 **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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1. Entity ID Number 000131979	2. Exact name of the Corporation BRIGGS FARM\$ IMPROVEMENT ASSOCIATION, INC.							
3. State of Incorporation RHODE ISLAND 4. NAICS Code 813910 - Business Associati	5. Brief description of the character of business conducted in Rhode Island TO PROTECT AND PROMOTE THE BEST INTERESTS OF THE RESIDENTS OF BRIGGS FARM ESTATES							
6. Principal Office Address			City	State	Zip			
30 HOLLYWOOD AVENUE			NARRAGANSETT	RI	02882-4426			
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name JOSEPH FRANCHI	NA		Vice-President Name PAULETTE PELLETIER					
Street Address 6 LAUDERDALE DRIVE			Street Address 85 HOLLYWOOD AVENUE					
City NARRAGANSETT	State RI	^{Zip} 02882	City NARRAGANSETT	State RI	^{Ζiρ} 02882			
Secretary Name JEAN NARDONE			Treasurer Name JOSEPH F. CLARK					
Street Address 31 HOLLYWOOD AVENUE			Street Address 30 HOLLYWOOD AVENUE					
City NARRAGANSETT	State RI 02882	Zip 02882	City NARRAGANSETT	State RI	^{Zip} 02882			
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment								
Director Name JOSEPH WINTHROP			Director Name JEFF MAUL					
Street Address 70 HOLLYWOOD AVENUE			Street Address 94 DAYTONA AVENUE					
City NARRAGANSETT	State RI	^{Zip} 02882	City NARRAGANSETT	State RI	^{Zip} 02882			
Director Name JAMES RYAN		-	Director Name CHARLES LOCKWOOD					
Street Address 21 DAYTONA AVENUE			Street Address 30 ORLANDO DRIVE					
City NARRAGANSETT	State RI	^{Zip} 03882	City NARRAGANSETT	State RI	^{Zip} 02882			
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, duty Authorized Representative, Receiver or Trustee.								
Name of Officer/Authorized Repres JOSEPH F. CLARK, 30 HOLLYW	Date 28 MAY 2018							
Signature of Officer/Authorized Representative SIGN DOCUMENT HERE								

MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website; www.sos.ri.gov

000131979 BRIGGS FARM IMPROVEMENT ASSOCIATION, INC.

DIRECTOR

JOSEPH OOSTERMAN 37 SARASOTA AVENUE

NARRAGANSETT, RI 02882

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MAY 3 | 2018