



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

Annual Report for the year: 2018
 Non-Profit Corporation

FILED

JUN 07 2018

BY 813 [Signature]

- 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 <u>29862</u>		2. Exact name of the Corporation <u>SHORE ACRES COMMUNITY ASSOCIATION</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>HOME OWNERS ASSOCIATION</u>	
4. NAICS Code <u>813990</u>			
6. Principal Office Address <u>11 SECOND STREET</u>		City <u>NO. KINGSTOWN</u>	State <u>RI</u>
		Zip <u>02852</u>	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>CATHY SEARS</u>		Vice-President Name <u>PAUL CAITO</u>	
Street Address <u>391 SHORE ACRES AVE.</u>		Street Address <u>11 SECOND STREET</u>	
City <u>NO. KINGSTOWN</u>	State <u>RI</u>	City <u>NO. KINGSTOWN</u>	State <u>RI</u>
Zip <u>02852</u>		Zip <u>02852</u>	
Secretary Name <u>ANN CAITO</u>		Treasurer Name <u>JOYCE McWEENEY</u>	
Street Address <u>11 SECOND STREET</u>		Street Address <u>57 SAUGA AVE.</u>	
City <u>NO. KINGSTOWN</u>	State <u>RI</u>	City <u>NO. KINGSTOWN</u>	State <u>RI</u>
Zip <u>02852</u>		Zip <u>02852</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>JIM McWEENEY</u>		Director Name <u>KATY PISCATELLI</u>	
Street Address <u>57 SAUGA AVE.</u>		Street Address <u>36 SAUGA AVE.</u>	
City <u>NO. KINGSTOWN</u>	State <u>RI</u>	City <u>NO. KINGSTOWN</u>	State <u>RI</u>
Zip <u>02852</u>		Zip <u>02852</u>	
Director Name <u>BEVERLY KILGUSS</u>		Director Name	
Street Address <u>561 SHORE ACRES AVE.</u>		Street Address	
City <u>NO. KINGSTOWN</u>	State <u>RI</u>	City	State
Zip <u>02852</u>			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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <u>ANN CAITO</u>			Date <u>6/1/18</u>
Signature of Officer/Authorized Representative <u>Ann Caito</u>			

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