



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

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.

FILED
 JUN 08 2018
 BY 2672

1. Entity ID Number 000028313		2. Exact name of the Corporation Matunuck Community Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Summer Recreation Area			
4. NAICS Code 813312 - Environment, Conserv					
6. Principal Office Address 150 North Weeden Rd.		City Wakefield	State RI	Zip 02879	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Ralph Riccio			Vice-President Name Kim Hanson		
Street Address 35 Blackberry Hill Dr.			Street Address 41 South Weeden Rd.		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Dianne Mullaney			Treasurer Name Francis J. Fitzpatrick		
Street Address 85 South Weeden Rd.			Street Address 150 North Weeden Rd.		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Roger Boudreau			Director Name James DIMaio		
Street Address 211 Oakwoods Dr.			Street Address 54 Ocean Village Court		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Richard Durant			Director Name Francis J. Fitzpatrick		
Street Address 8 Shadbush Rd.			Street Address 150 North Weeden Rd.		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 Francis J. Fitzpatrick, Treasurer				Date June 6, 2018	
Signature of Officer/Authorized Representative <i>Francis J. Fitzpatrick</i> SIGN DOCUMENT HERE					

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