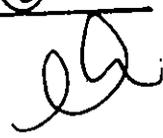


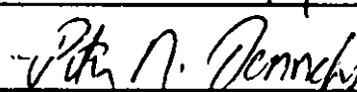
FILED

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

JUN 11 2018
 BY 3680


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.

1. Entry ID Number <u>26115</u>		2. Exact name of the Corporation <u>HANSON ROAD NEIGHBORHOOD ASSOCIATION, INC.</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>MAINTAIN RIGHT OF WAY FROM HANSON ROAD IN BARRINGTON TO STOPS AND ANNUALLY PUT IN AND REMOVE FLOATS MAINTAINED BY THIS ASSOCIATION.</u>			
4. NAICS Code <u>813410</u>					
6. Principal Office Address <u>36 HANSON ROAD.</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>MICHAEL SQUATRITO</u>			Vice-President Name <u>NELL BRAFMAN</u>		
Street Address <u>10 HANSON ROAD</u>			Street Address <u>18 HANSON ROAD</u>		
City <u>BARRINGTON</u>	State <u>RI</u>	Zip <u>02806</u>	City <u>BARRINGTON</u>	State <u>RI</u>	Zip <u>02806</u>
Secretary Name <u>PETER DENNEHY</u>			Treasurer Name <u>MICHAEL BLANE.</u>		
Street Address <u>36 HANSON ROAD</u>			Street Address <u>20 HANSON ROAD</u>		
City <u>BARRINGTON</u>	State <u>RI</u>	Zip <u>02806</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>BISCKY CHASE.</u>			Director Name <u>NELL BRAFMAN</u>		
Street Address <u>31 HANSON HANSON ROAD.</u>			Street Address <u>18 HANSON ROAD.</u>		
City <u>BARRINGTON</u>	State <u>RI</u>	Zip <u>02806</u>	City <u>BARRINGTON</u>	State <u>RI</u>	Zip <u>02806</u>
Director Name <u>ROB BRAKE</u>			Director Name		
Street Address <u>24 HANSON ROAD</u>			Street Address		
City <u>BARRINGTON</u>	State <u>RI</u>	Zip <u>02806</u>	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 <u>PETER N. DENNEHY</u>					Date <u>5/30/2018</u>
Signature of Officer/Authorized Representative 					

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

BY _____