

FILED

Annual Report for the year: 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.

Entity ID Number	2. Exact name of the Corporation				
26115	HANSON RORD NEKHBORIFOOD ASSOCIATION, INC.				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
M	MAINTAIN RIGHT OF WAY FROM HANSON ROAD IN				
4. NAICS Code	RAPPARTON TO STORE AMO ANNUALY PUT IN AND P				
813410	REMOVE FLORTS MAINTARD BY THE ASSOCIATION.				
6. Principal Office Address	<u> </u>		City BARRII-6502	State	Zip
36 HANSON ROAD.	6 HANSON ROAD.			B	02806
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name MICHAEL SQUATRITO			Vice-President Name SCASMAN		
Street Address LO HUJSON ROAD			Street Address (E) HANSON ROND		
City EARLY STED	State	102806	CHYPARINTON	State	82806
Secretary Name PETER OF NEW HY			Treasurer Name MICHAEL BLANE.		
Street Address ROAD			Street Address TO HANSON RORD		
City BARRHYSTON	State	282806	CITY BARRIAS TON	State	202806
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name BISCKY CHASE.			Director Name		
Street Address 31 HANNED HANDSON ROAD			Street Address Street Address RORO -		
City PARRIKTON	State	32006	City BARRILLETOIS	State	302806
Director Name ROS BRAKE			Director Name		
Street Address 24 HRYSUN ROAD			Street Address		
City BAPPINGTON	State	Z102206	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.					
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			Date		
PETER N. DENNEHY				5/30/2	2018
Signature of Officer/Authorized Representative					
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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____