



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV.  
 2018 JUN 19 AM 11:50

**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. Entity ID Number <b>29697</b>		2. Exact name of the Corporation <b>PETTAQUAMSCUTT LAKE SHORES IMPROVEMENT ASSOCIATION</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>NEIGHBORHOOD IMPROVEMENTS AND SOME EVENTS FOR MEMBERS</b>			
4. NAICS Code <b>813410</b>					
6. Principal Office Address <b>50 WOODSIA ROAD</b>			City <b>SAUNDERSTOWN</b>	State <b>RI</b>	Zip <b>02874</b>
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name		Vice-President Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Secretary Name		Treasurer Name <b>EARL TRAVERS</b>			
Street Address		Street Address <b>28 HUCKLEBERRY TRAIL</b>			
City	State	Zip	City <b>SAUNDERSTOWN</b>	State <b>RI</b>	Zip <b>02874</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name <b>ALLAN R. REDFERN</b>		Director Name <b>MALIE STRAUSS</b>			
Street Address <b>90 WOODSIA ROAD</b>		Street Address <b>56 WOODSIA ROAD</b>			
City <b>SAUNDERSTOWN</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>SAUNDERSTOWN</b>	State <b>RI</b>	Zip <b>02874</b>
Director Name <b>NANCY GATES</b>		Director Name <b>EARL TRAVERS</b>			
Street Address <b>21 TWIN LEAF TRAIL</b>		Street Address <b>28 HUCKLEBERRY TRAIL</b>			
City <b>SAUNDERSTOWN</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>SAUNDERSTOWN</b>	State <b>RI</b>	Zip <b>02874</b>
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>EARL TRAVERS</b>				Date <b>6/19/18</b>	
Signature of Officer/Authorized Representative <i>Earl Travers</i>				SIGN DOCUMENT # <b>FILED</b>	

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

**JUN 19 2018**

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DIRECTORS CONTINUED

SHAWN R. PERRY  
24 TWIN LEAF TRAIL  
SAUNDERSTOWN, RI 02874

COURTNEY PERRY  
24 TWIN LEAF TRAIL  
SAUNDERSTOWN, RI 02874

DEAN LAVORNIA  
20 WOODSIA ROAD  
SAUNDERSTOWN, RI 02874

CHERYL LAVORNIA  
20 WOODSIA ROAD  
SAUNDERSTOWN, RI 02874

PAUL NELSON  
465 WOODSIA ROAD  
SAUNDERSTOWN, RI 02874