

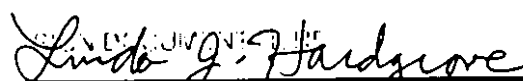


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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.

1. Entity ID Number <b>000027796</b>		2. Exact name of the Corporation <b>North Kingstown Senior Association, Inc.</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island  To assist in providing social and recreational activities for persons 55 years and older			
4. NAICS Code <b>813219 - Other Grantmaking and</b>					
6. Principal Office Address <b>44 Beach Rd.</b>			City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Barry Bayon</b>		Vice-President Name <b>Paula Morrissey</b>			
Street Address <b>112 Dana Rd</b>		Street Address <b>646 Annaquatucket Rd.</b>			
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
Secretary Name <b>Linda Hardgrove</b>		Treasurer Name <b>Roger Biron</b>			
Street Address <b>31 Landing Lane</b>		Street Address <b>165 West Allenton Rd.</b>			
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	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.					
<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>					
<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 <b>ROGER BIRON</b>				Date <b>June 19, 2018</b>	
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.n.gov

**FILED**

**JUN 20 2018**

FORM 631 - Revised: 11/2017

BY 2478 DS

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Date printed June 18, 2018

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#### COMMUNITY REPRESENTATIVES

Entity ID Number:  
0000 27796

FILED

JUN 20 2018

BY

2478 DS  
# 27796