



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

Annual Report for the year: **2018**
Non-Profit Corporation

STAMP

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

SUN
SPOK PARTIAL DAY
... 11:00 AM

1. Entity ID Number 29668	2. Exact name of the Corporation The Cocumscussoc Association
3. State of Incorporation RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island Museum House
4. NAICS Code 712110	

6. Principal Office Address 55 Richard Smith Drive	City North Kingstown	State RI	Zip 02852
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Denise M. Boule	Vice-President Name Robert Geake		
Street Address 2 Vinton Ave	Street Address 136 Pidge Ave		
City Cranston	State RI	Zip 02920	
Secretary Name Gen Megan			
Street Address 160 Duck Cove Rd			
City North Kingstown	State RI	Zip 02852	
Treasurer Carol Zimmerman			
Street Address 91 Tourington Drive			
City Warwick RI 02889			

8. List ALL directors (names and addresses). RI Corporations MUST list a Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name Mary Gardiner		Director Name Robert Verdi	
Street Address 15 Waite Court		Street Address 522 Boston Neck Rd	
City Wickford	State RI	Zip 02852	City North Kingstown
State RI	Zip 02880	State RI	Zip 02880
Director Name Sharon Ferrasa		Director Name Susan Danforth	
Street Address 145 Hoswill Street		Street Address 31 Berkwick Ln	
City Warwick	State RI	Zip 02880	City Cranston
State RI	Zip 02880	State RI	Zip 02905

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, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative Denise M. Boule, President	Date 5/20/2018
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Signature of Officer/Authorized Representative <i>Denise M. Boule</i>	SIGN DOCUMENT HERE FILED <i>52</i>
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JUN 25 2018

BY **3983**