



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.

FILED
 JUN 25 2018
 BY *6053*

1. Entity ID Number 000109978		2. Exact name of the Corporation Friends of South Kingstown Parks and Recreation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To pursue gifts, legacies and devices for future park lands, recreation programs and facilities			
4. NAICS Code 813312 - Environment, Conserv.					
6. Pncipal Office Address 325 Columbia Street		City Peace Dale	State RI	Zip 02879	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Will Litvin		Vice-President Name David Palazzetti			
Street Address 104 Old Mountain Road		Street Address 71 Petal Lane			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name John Biafore		Treasurer Name Mark Noble			
Street Address 40 South Road		Street Address 1158 South Road			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 Joanne Blessing		Director Name John Biafore			
Street Address 67 Millstone Road		Street Address 40 South Road			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Mark Noble		Director Name			
Street Address 1158 South Road		Street Address			
City Wakefield	State RI	Zip 02879	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 David Palazzetti				Date 6/18/2018	
Signature of Officer/Authorized Representative <i>David Palazzetti</i>				SIGN DOCUMENT HERE	

MAIL TO:
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 Website: www.sos.ri.gov