



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

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.

FILED

JUL 11 2018

BY

1. Entity ID Number 108980		2. Exact name of the Corporation. POPLAR POINT ASSOCIATION	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island the purpose of promoting community, social and athletic activities for its members	
4. NAICS Code 813319			
6. Principal Office Address 155 STEAMBOAT AVE.		City NORTH KINGSTOWN	State RI
		Zip 02852	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name STEVEN LORD		Vice-President Name George HAGERTY	
Street Address 42 NEWPORT AVE.		Street Address 30 LEXINGTON AVE.	
City NORTH KINGSTOWN	State RI	City NORTH KINGSTOWN	State RI
Zip 02852		Zip 02852	
Secretary Name CINDY HERBERT		Treasurer Name TONY SCELSA JR.	
Street Address 42 NEWPORT AVE.		Street Address 155 STEAMBOAT AVE.	
City NORTH KINGSTOWN	State RI	City NORTH KINGSTOWN	State RI
Zip 02852		Zip 02852	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name ROBERT HIRSGH		Director Name GIL BROWN	
Street Address 33 LEXINGTON AVE.		Street Address 69 CONCORD AVE.	
City NORTH KINGSTOWN	State RI	City NORTH KINGSTOWN	State RI
Zip 02852		Zip 02852	
Director Name IRENE ROMANELLI		Director Name NONE	
Street Address 62 CONCORD AVE.		Street Address	
City NORTH KINGSTOWN	State RI	City	State
Zip 02852		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.			
<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 TONY SCELSA JR. TREASURER			Date 7-6-18
Signature of Officer/Authorized Representative <i>Tony Scelsa Jr.</i>			SIGN DOCUMENT HERE