State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED
JUL 11 2018
BY 431

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	2. Exact name of the Corporation.
108980	JPOPLAR POINT ASSOCIATION INC.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: the purpose of promoting community, social and athetic activities for its members
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
155 Steamboat Ave.	North Kingstown	RI	02852

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Steven Lord	George Hagerty
Street Address: 42 Newport Ave.	Street Address: 30 Lexington Ave.
City: North Kingstown State: RI Zip: 02852	City: North Kingstown State: RI Zip: 02852
Secretary Name	**Treasurer Name**
Andy Herbert	Tony Sciesa Jr.
Street Address: 42 Newport Ave.	Street Address: 155 Steamboat Ave.
City: North Kingstown State: RI Zip: 02852	City: North Kingstown State: RI 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	Director Name
Robert Hirsch	Cil Brown
Street Address: 33 Lexington Ave.	Street Address: 69 Concord Ave.
City: North Kingstown State: RI Zip: 02852	City: North Kingstown State: RI Zip: 02852
Director Name	**Director Name**
Irene Romanelli	None
Street Address: 62 Concord Ave.	Street Address:
City: North Kingstown State: RI Zip: 02852	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.

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	Date
Tony Sciesa Jr. Treasurer	7-6-18

Signature of Officer/Authorized Representative: Tony Sciesa — SIGN DOCUMENT HERE

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

FORM 631 - Revised: 11/2017