



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 000027967		2. Exact name of the Corporation North Shore Drive Associates, Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Non-Profit to Oversee Open Space Acreage	
4. NAICS Code 813312			
6. Principal Office Address P.O. Box 32 1 Roselawn Ave.		City Forestdale	State RI
		Zip 02824	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Lucien Jolicœur		Vice-President Name Patricia McAvinn	
Street Address 200 No. Shore Drive		Street Address P.O. Box 144	
City Glendale	State RI	City Glendale	State RI
Zip 02826		Zip 02824	
Secretary Name Dennis Kafalas		Treasurer Name Martha J. Shean	
Street Address P.O. Box 777		Street Address P.O. Box 1 1 Roselawn Ave	
City Glendale	State RI	City Forestdale	State RI
Zip 02826		Zip 02824	
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 Lucien Jolicœur		Director Name Patricia McAvinn	
Street Address 200 No. Shore Drive		Street Address P.O. Box 144	
City Glendale	State RI	City Glendale	State RI
Zip 02826		Zip 02826	
Director Name Dennis Kafalas		Director Name Martha Shean	
Street Address P.O. Box 777		Street Address P.O. Box 1 1 Roselawn Ave.	
City Glendale	State RI	City Forestdale	State RI
Zip 02826		Zip 02824	
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 Martha J. Shean			Date 7/15/18
Signature of Officer/Authorized Representative <i>Martha J. Shean</i>			

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

FILED
JUL 17 2018
 BY 230 AS