



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

**FILED**

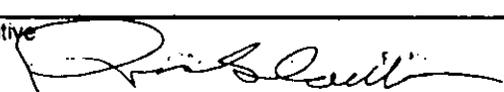
**Annual Report for the year: 2019**

**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.

MAY 15 2019

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|   |                 |  |  |                           |                  |
|---|-----------------|--|--|---------------------------|------------------|
| 1. Entity ID Number<br><b>28952</b>   |                 | 2. Exact name of the Corporation<br><b>The Sixty-Six Acres Improvement Association</b>   |  |                           |                  |
| 3. State of Incorporation<br><b>RI</b>  |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>Neighborhood Association to preserve and protect two non-buildable (open space) properties, including payment of local property and fire district taxes.</b> |  |                           |                  |
| 4. NAICS Code <b>813990</b><br><del>813110 - Religious Organiza-</del>  |                 |  |  |                           |                  |
| 6. Principal Office Address<br><b>400 Pond Street</b>   |                 | City<br><b>Wakefield</b>   | State<br><b>RI</b>                         | Zip<br><b>02879</b>       |                  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                 |  |  |                           |                  |
| President Name <b>Peter N. S. Comella</b>   |                 |  | Vice-President Name <b>Joseph Waller</b>   |                           |                  |
| Street Address <b>400 Pond St</b>   |                 |  | Street Address <b>202 Winchester Drive</b> |                           |                  |
| City <b>Wakefield</b>   | State <b>RI</b> | Zip <b>02879</b>   | City <b>Wakefield</b>                      | State <b>RI</b>           | Zip <b>02879</b> |
| Secretary Name <b>Joan Lausier</b>  |                 |  | Treasurer Name <b>Donato J. Ferrara</b>    |                           |                  |
| Street Address <b>408 Pond St</b>   |                 |  | Street Address <b>400 Pond St</b>          |                           |                  |
| City <b>Wakefield</b>   | State <b>RI</b> | Zip <b>02879</b>   | City <b>Wakefield</b>                      | State <b>RI</b>           | Zip <b>02879</b> |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>        |                 |  |  |                           |                  |
| Director Name <b>Peter N. S. Comella</b>  |                 |  | Director Name <b>Joseph Waller</b>         |                           |                  |
| Street Address <b>400 Pond Street</b>   |                 |  | Street Address <b>202 Winchester Drive</b> |                           |                  |
| City <b>Wakefield</b>   | State <b>RI</b> | Zip <b>02879</b>   | City <b>Wakefield</b>                      | State <b>RI</b>           | Zip <b>02879</b> |
| Director Name <b>Joan Lausier</b>   |                 |  | Director Name <b>Donato J. Ferrara</b>     |                           |                  |
| Street Address <b>400 Pond Street</b>   |                 |  | Street Address <b>400 Pond St</b>          |                           |                  |
| City <b>Wakefield</b>   | State <b>RI</b> | Zip <b>02879</b>   | City <b>Wakefield</b>                      | State <b>RI</b>           | Zip <b>02879</b> |
| 9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.   |                 |  |  |                           |                  |
| <b>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.</b> |                 |  |  |                           |                  |
| <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<br><b>Peter N. S. Comella</b>   |                 |  |  | Date<br><b>05/13/2019</b> |                  |
| Signature of Officer/Authorized Representative<br>  |                 |  |  |                           |                  |

**MAIL TO:**  
 Division of Business Services  
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