



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

FILED

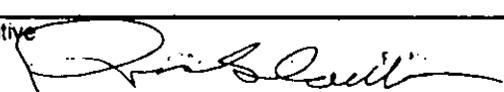
Annual Report for the year: 2019

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

BY 128 OS

1. Entity ID Number 28952		2. Exact name of the Corporation The Sixty-Six Acres Improvement Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Neighborhood Association to preserve and protect two non-buildable (open space) properties, including payment of local property and fire district taxes.			
4. NAICS Code 813990 813110 - Religious Organiza-					
6. Principal Office Address 400 Pond Street		City Wakefield	State RI	Zip 02879	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Peter N. S. Comella			Vice-President Name Joseph Waller		
Street Address 400 Pond St			Street Address 202 Winchester Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Joan Lausier			Treasurer Name Donato J. Ferrara		
Street Address 408 Pond St			Street Address 400 Pond St		
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 Peter N. S. Comella			Director Name Joseph Waller		
Street Address 400 Pond Street			Street Address 202 Winchester Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Joan Lausier			Director Name Donato J. Ferrara		
Street Address 400 Pond Street			Street Address 400 Pond St		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 Peter N. S. Comella				Date 05/13/2019	
Signature of Officer/Authorized Representative 					

MAIL TO:
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 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov