



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

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.

**FILED**

JUN 06 2019

BY

*LO62*  
*[Signature]*

|   |                 |  |  |                            |                     |
|---|-----------------|--|--|----------------------------|---------------------|
| 1. Entity ID Number<br><b>000026625</b>   |                 | 2. Exact name of the Corporation<br><b>Apponaug Area Improvement Association</b>                               |  |                            |                     |
| 3. State of Incorporation<br><b>Rhode Island</b>  |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>Neighborhood Improvement</b> |  |                            |                     |
| 4. NAICS Code<br><b>813990 - Other Similar Or</b>   |                 |  |  |                            |                     |
| 6. Principal Office Address<br><b>29 Chapmans Avenue</b>  |                 | City<br><b>Warwick</b>   |  | State<br><b>RI</b>         | Zip<br><b>02886</b> |
| 7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>  |                 |  |  |                            |                     |
| President Name <b>Carol Pratt</b>   |                 |  | Vice-President Name <b>Carol Ponte</b>     |                            |                     |
| Street Address <b>29 Chapmans Avenue</b>  |                 |  | Street Address <b>331 Centerville Road</b> |                            |                     |
| City <b>Warwick</b>   | State <b>RI</b> | Zip <b>02886</b>   | City <b>Warwick</b>                        | State <b>RI</b>            | Zip <b>02886</b>    |
| Secretary Name <b>Carol Ponte</b>   |                 |  | Treasurer Name <b>Carol Pratt</b>          |                            |                     |
| Street Address <b>331 Centerville Road</b>  |                 |  | Street Address <b>29 Chapmans Ave</b>      |                            |                     |
| City <b>Warwick</b>   | State <b>RI</b> | Zip <b>02886</b>   | City <b>Warwick</b>                        | State <b>RI</b>            | Zip <b>02886</b>    |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. Check the box to indicate an attachment <input type="checkbox"/>                             |                 |  |  |                            |                     |
| Director Name <i>Carol Pratt</i>  |                 |  | Director Name <b>Carol Ponte</b>           |                            |                     |
| Street Address <i>29 Chapmans Avenue</i>  |                 |  | Street Address <b>331 Centerville Road</b> |                            |                     |
| City <b>Warwick</b>   | State <b>RI</b> | Zip <b>02886</b>   | City <b>Warwick</b>                        | State <b>RI</b>            | Zip <b>02886</b>    |
| Director Name <b>Mary O'Connell</b>   |                 |  | Director Name                              |                            |                     |
| Street Address <b>3181 Post Road</b>  |                 |  | Street Address                             |                            |                     |
| City <b>Warwick</b>   | State <b>RI</b> | Zip <b>02886</b>   | 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.   |                 |  |  |                            |                     |
| <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> |                 |  |  |                            |                     |
| <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<br><b>Carol Pratt</b>   |                 |  |  | Date<br><b>5 - 23 - 19</b> |                     |
| Signature of Officer/Authorized Representative<br><i>Carol Pratt</i>  |                 |  |  | SIGN DOCUMENT HERE         |                     |

MAIL TO:  
Division of Business Services  
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FORM 631 - Revised: 03/2019