



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 STAMP
 JUN 10 2019

BY 9190

1. Entity ID Number 29668		2. Exact name of the Corporation The Cocumscussoc Association			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island Museum House			
4. NAICS Code 712110					
6. Principal Office Address 55 Richard Smith Drive		City North Kingstown	State RI	Zip 02852	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Chester A. Browning			Vice-President Name Robert Rouse		
Street Address 46 Alden Drive			Street Address 112 Heritage Road		
City West Warwick	State RI	Zip 02893	City East Greenwich	State RI	Zip 02818
Secretary Name Sharon Ferrara			Treasurer Name Carol Zimmerman		
Street Address 145 Haswill Street			Street Address 91 Torrington Drive		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
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 Mary Gardiner			Director Name Robert Verdi		
Street Address 15 Waite Court			Street Address 522 Boston Neck Road		
City Wickford	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name Susan Danforth			Director Name Gen Meegan		
Street Address 31 Berwick Lane			Street Address 160 Duck Cove Road		
City Cranston	State RI	Zip 02905	City North Kingstown	State RI	Zip 02852
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 Benise M. Boule, President Chester A. Browning					Date 6/7/19
Signature of Officer/Authorized Representative <i>Chester A. Browning</i>					SIGN DOCUMENT HERE

MAIL TO:
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 Website: www.sos.ri.gov