

FILED

JUN 10 2019



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

BY

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2019**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 280670		2. Exact name of the Corporation Charlestown Senior Citizens Association			
3. State of Incorporation Rhode Island 013990		4. Brief description of the character of business conducted in Rhode Island Community Center for Charlestown Senior Citizen's Activities			
5. Principal office address PO Box 1061		City Charlestown	State RI	Zip 02813	
6. LIST <u>ALL</u> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Joan C Wicklund		Vice-President Name Ann P Peloquin			
Street Address 186v Shumanikanuc Hill Rd		Street Address 29 School Street, Unit 1E			
City Charlestown	State RI	Zip 02813	City Westerly	State RI	Zip 02891
Secretary Name Julie Buchanan		Treasurer Name Louis D carano			
Street Address 24 Ridge Road		Street Address 81 Blueberry LN, PO Box 457			
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
7. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Peter Kearns		Director Name Grace Anderson			
Street Address 68 A & B Narrow Lane		Street Address 26 Kennedy LN			
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Director Name Mary Iris Garner		Director Name			
Street Address PO Box 109, 15 E Burdock St		Street Address			
City Charlestown	State RI	Zip 02813	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____

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Check No. _____

JUN 10 2019

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Louis D Carano 6/4/19
 Signature of Officer or Authorized Representative Date

Louis D Carano

Print or Type Name of Officer or Authorized Representative