



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401 222 3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019
 Filing Period: June 1 - June 30 • Filing Fee: \$20.00 • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
 * In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1 Corporate ID No 28626		2 Name of Corporation Charlestown by the Sea Civic Assoc. (812930)	
3 State of Incorporation RI		4 Corporate address in Rhode Island - Street Address 43 Hebert St	
5 Foreign corporation. Enter principal office address 43 Hebert St		City West Warwick	Zip 02893
6 Brief Description of the character of the affairs which are actually conducted in Rhode Island providing parking charlestown beach + Boat dock		State RI	Zip 02893
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Robert Defilipi		Vice President Name Tony Lamarine	
Street Address 24 Prospect St		Street Address 167 Dolly Rd.	
City Agawam	State Mass.	City Centerbrook	State N.H.
Zip 01601		Zip 03229	
Secretary Name Kevin O'Sullivan		Treasurer Name Edith Rocheleau	
Street Address 5 Tattam Farm Rd.		Street Address 43 Hebert St	
City Worcester	State Mass	City West Warwick	State RI
Zip 01606		Zip 02893	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name Robert Defilipi		Director Name Edith Rocheleau	
Street Address		Street Address	
City same as above	State as above	City same as above	State as above
Director Name Kevin O'Sullivan		Director Name	
Street Address		Street Address	
City same	State	City	State
Zip		Zip	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name		Address	
Address		City	Zip

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

FILED

JUN 10 2019

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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.

Edith Rocheleau
Signature of Officer

Date

Edith Rocheleau
Print or Type Name of Officer

Treasurer
Title of Officer

File Date _____ BY _____
 Check No. _____
 BY _____
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