RI SOS Filing Number: 201996212970 Date: 6/10/2019 4:00:00 PM

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

FILED
JUN 10 2019
BY 155

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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.

1. Entity ID Number	2. Exact name of the Corporation
541080	**Wilcox East Neighborhood Association, Inc.**
3. State of Incorporation: **RI**	5. Brief description of the character of business conducted in Rhode Island: **To promote the general welfare of the Wilcox East neighborhood.**
4. NAICS Code: **813319 - Other Social Adv**	

6. Principal Office Address	City	State	Zip
4 Vose Street	**Westerly**	**RI**	**02891**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Joseph Wagner**			Vice-President Name **Kathleen Clancy**		
Street Address **4 Vose Street**			Street Address **11 Vose Street**		
City **Westerly**	State **RI**	Zip **02891**	City **Westerly**	State **RI**	Zip **02891**
Secretary Name **Anthony J. Clancy**			Treasurer Name **Frederick C. Eckel, Jr.**		
Street Address **11 Vose Street**			Street Address **41 Grove Ave.**		
City **Westerly**	State **RI**	Zip **02891**	City **Westerly**	State **RI**	Zip **02891**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☑

Director Name **Bruce Fusaro**			Director Name **J. E. Tarallo**		
Street Address **79 Summer Street**			Street Address **19 Narragansett Ave.**		
City **Westerly**	State **RI**	Zip **02891**	City **Westerly**	State **RI**	Zip **02891**
Director Name **Anthony Clancy**			Director Name **Frederick C. Eckel, Jr.**		
Street Address **11 Vose Street**			Street Address **41 Grove Ave.**		
City **Westerly**	State **RI**	Zip **02891**	City **Westerly**	State **RI**	Zip **02891**

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.

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

Name of Officer/Authorized Representative	Date
Joseph. A. Wagner	6/6/19

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 03/2019