



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 20 2019

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1. Entity ID Number 000134068		2. Exact name of the Corporation East View Drive Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Road Maintenance			
4. NAICS Code 624190 - Other Individual an					
6. Principal Office Address 5 East View Drive			City Little Compton	State RI	Zip 02837
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Susan L. Perron			Vice-President Name		
Street Address 5 East View Drive			Street Address		
City Little Compton	State RI	Zip 02837	City	State	Zip
Secretary Name Daniel Murphy			Treasurer Name Leslie Haworth		
Street Address 29 East View Drive			Street Address 30 East View Drive		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
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 Susan L. Perron			Director Name Leslie Haworth		
Street Address 5 East View Drive			Street Address 30 East View Drive		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
Director Name Daniel Murphy			Director Name		
Street Address 29 East View Drive			Street Address		
City Little Compton	State RI	Zip 02837	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.					
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 Leslie Haworth				Date 6/17/19	
Signature of Officer/Authorized Representative 				SIGNATURE MUST BE HERE	

MAIL TO:
Division of Business Services
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