



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

FILED

02

Annual Report for the year: 2019
 Non-Profit Corporation

JUL 08 2019

453

- 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 000108980		2. Exact name of the Corporation POPLAR POINT ASSOCIATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island the purpose of promoting community, social and Athletic activities for its members			
4. NAICS Code 813319					
6. Principal Office Address 155 STEAMBOAT AVENUE			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 STEVEN LORD			Vice-President Name GEORGE HAGERTY		
Street Address 42 NEWPORT AVE.			Street Address 30 LEXINGTON AVE		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Secretary Name STEVEN LORD MARY ANN NADY			Treasurer Name ANTHONY SCALSA JR.		
Street Address STEAMBOAT AVE.			Street Address 155 STEAMBOAT AVE.		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
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 ROBERT HIRSCH			Director Name GIL BROWN		
Street Address 33 LEXINGTON AVE			Street Address 69 CONCORD AVE.		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Director Name IRENE ROMAGNELLI			Director Name		
Street Address 62 CONCORD AVE.			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	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.					
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 ANTHONY SCALSA JR. TREASURER					Date 7-6-19
Signature of Officer/Authorized Representative ANTHONY SCALSA JR.					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.n.gov