



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

Annual Report for the year:
 Non-Profit Corporation

2019

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

JUL 15 2019

BY 9079 DS

1. Entity ID Number 28462		2. Exact name of the Corporation Mettatuxet Improvement Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Civic organization of the residents of Mettatuxet with a marina, club house and banquet hall			
4. NAICS Code 813319 - Other Social Adv					
6. Principal Office Address PO Box 293		City Narragansett	State RI	Zip 02882	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Anthony Colombo			Vice-President Name Jerry Bonner		
Street Address 51 Fernleaf Trail			Street Address 156 Mettatuxet Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Sandy Flosi			Treasurer Name Karen Hagan		
Street Address 223 Old Boston Neck Road			Street Address 75 West Bay Drive		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Jane Colombo			Director Name Paul Bassett		
Street Address 51 Fernleaf Trail			Street Address 35 Sumac Trail		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Director Name Dominic Colombo			Director Name Nicole Colombo		
Street Address 51 Fernleaf Trail			Street Address 10 Birchwood Drive		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
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 Karen M. Hagan				Date 7/11/19	
Signature of Officer/Authorized Representative Karen M. Hagan					

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

Mettatuxet Improvement Association
Officers and Board of Directors
Attachment to Form 631 - Year 2019

Matthew Eddy
95E Middlebridge Road
Narragansett, RI 02882

Jessica Oliva
120 Congdon Drive
Wakefield, RI 02879

Jerry Rao
27 South River Drive
Narragansett, RI 02882

Kyle Rekas
10 Birchwood Drive
Narragansett, RI 02882

FILED

JUL 15 2019

BY # 28462 DS
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