



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2019 AUG 26 A 11:07

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.

1. Entity ID Number 115176		2. Exact name of the Corporation Fox Point Neighborhood Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To promote the historic preservation, revitalization and use of the Fox Point neighborhood, including the area's civic, religious enterprises and residences.			
4. NAICS Code 813319					
6. Principal Office Address P.O. Box 2315			City Providence	State RI	Zip 02901
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nick Cicchitelli			Vice-President Name Marguerite S. Schnepel		
Street Address 354 Wickenden Street			Street Address 109 Transit Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02906
Secretary Name Amy Mendillo			Treasurer Name Marguerite S. Schnepel		
Street Address 97 Transit Street			Street Address 109 Transit Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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 Nick Cicchitelli			Director Name Dennis Wood		
Street Address 354 Wickenden Street			Street Address 54 Trenton Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02901
Director Name Marguerite S. Schnepel			Director Name John Goncalves		
Street Address 109 Transit Street			Street Address 47 John Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Marguerite S. Schnepel Vice-President/Treasurer					Date 8/26/2019
Signature of Officer/Authorized Representative <i>Marguerite S. Schnepel</i>					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

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AUG 23 2019

BY *NRXKK*

FORM 631 - Revised: 06/2019