



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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 OCT 28 PM 2:29

1. Entity ID Number 000119737		2. Exact name of the Corporation Arctic Village Association	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Civic and Charitable Activities applied within the geographical area know as the Village	
4. NAICS Code 813110			
6. Principal Office Address P.O. Box 181		City West Warwick	State RI
		Zip 02893	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Stanley Tabak		Vice-President Name Lloyd Felix	
Street Address 12 Gendron Street		Street Address Main St.	
City West Warwick	State RI	City West Warwick	State RI
Zip 02893		Zip 02893	
Secretary Name David Legault		Treasurer Name Denise C. Tourangeau	
Street Address 88 Lenox Ave.		Street Address 91 Hatheway Dr.	
City West Warwick	State RI	City West Warwick	State RI
Zip 02893		Zip 02893	
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 Stanley Tabank		Director Name Jack Lancellotta	
Street Address 12 Gendron St		Street Address 33 River St.	
City West Warwick	State RI	City West Warwick	State RI
Zip 02893		Zip 02893	
Director Name David Legault		Director Name	
Street Address 88 Lenox Ave.		Street Address	
City West Warwick	State RI	City	State
Zip 02893		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 Denise C. Tourangeau			Date 10-01-19
Signature of Officer/Authorized Representative <i>Denise C. Tourangeau</i>			

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

FILED

OCT 28 2019

KL 2XDJF
 2:30

FORM 631 - Revised: 06/2019