



Department of State - Business Services Division


FILED

MAY 20 2020

2121

Annual Report for the year: **2020**
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

1. Entity ID Number 8235		2. Exact name of the Corporation Massasoit Village Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Neighbor Beach Association			
4. NAICS Code 813910 - Business Associati					
6 Principal Office Address 13 Plymouth Drive		City Barrington		State RI	Zip 02806
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christopher Ashley			Vice-President Name David Oberg		
Street Address 17 Puritan Drive			Street Address 6 Puritan Drive		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name William Snow			Treasurer Name Jeffrey Marshall		
Street Address 2 Sakonnet Drive			Street Address 13 Plymouth Drive		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
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 Steve Carter			Director Name Michael Brady		
Street Address 7 Plymouth Drive			Street Address 6 Plymouth Drive		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Director Name Jane Marshall			Director Name		
Street Address 13 Plymouth Drive			Street Address		
City Barrington	State RI	Zip 02806	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 Jeffrey Marshall / Treasurer				Date 5-18-2020	
Signature of Officer/Authorized Representative 				5-18-2020	