



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

Annual Report for the year:

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.

FILED

MAY 27 2020

BY

1. Entity ID Number 000131979		2. Exact name of the Corporation BRIGGS FARMS IMPROVEMENT ASSOCIATION, INC.	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO PROTECT AND PROMOTE THE BEST INTERESTS OF THE RESIDENTS OF BRIGGS FARM ESTATES	
4. NAICS Code 813910 - Business Assoc			
6. Principal Office Address 30 HOLLYWOOD AVENUE		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 JOSEPH FRANCHINA, DIRECTOR		Vice-President Name JOSEPH OOSTERMAN, DIRECTOR	
Street Address 6 LAUDERDALE DRIVE		Street Address 27 SARASOTA AVENUE	
City NARRAGANSETT	State RI	City NARRAGANSETT	State RI
Zip 02882		Zip 02882	
Secretary Name JEAN NARDONE, DIRECTOR		Treasurer Name JOSEPH F. CLARK, DIRECTOR	
Street Address 31 HOLLYWOOD AVENUE		Street Address 30 HOLLYWOOD AVENUE	
City NARRAGANSETT	State RI	City NARRAGANSETT	State RI
Zip 02882		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 type="checkbox"/>			
Director Name CHARLES LOCKWOOD		Director Name RAYMOND MORROCCO	
Street Address 31 ORLANDO DRIVE		Street Address 130 DAYTONA AVENUE	
City NARRAGANSETT	State RI	City NARRAGANSETT	State RI
Zip 02882		Zip 02882	
Director Name DAVID SPINELLA		Director Name	
Street Address 32 LAKEWORTH AVENUE		Street Address	
City NARRAGANSETT	State RI	City	State
Zip 02882		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 JOSEPH F. CLARK, 30 HOLLYWOOD AVENUE, NARRAGANSETT, RI 02882-4426			Date 5/26/20
Signature of Officer/Authorized Representative 			SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov