State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2020

1. Corporate ID No. 000517499

2. Name of Corporation SCARBOROUGH VILLAGE TENANT ASSOCIATION

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.

NAICS Code 6

813990

4. Corporate Address in Rhode Island

No. and Street: 133 OLD TOWER HILL ROAD, SUITE 1
City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO ENSURE THE PROPERTY RIGHTS OF THE INDIVIDUALS WHO OWN RESIDENTIAL DWELLINGS ON PROPERTY LOCATED IN NARRAGANSETT. THE ASSOCIATION SHALL HAVE THE POWER TO NEGOTIATE FOR AND ACQUIRE LAND ON BEHALF OF THE MEMBER HOMEOWNERS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JAMES REILLY	42 LONGFELLOW ROAD SHREWSBURY, MA 01545 USA
TREASURER	DAVID LOISELLE	37 SUNNY HILL DR. WORCESTER, MA 01602 USA
SECRETARY	WENDY SAUNDERS	532 FONT GROVE RD. SLINGERLANDS, NY 12159 USA
VICE PRESIDENT	JOSEPH DREW	15 PEPPERIDGE RD. QUAKER HILL, CT 06375 USA
DIRECTOR	ADRIENNE NOCTE	184 HARMONY RD. NORTH SCITUATE, RI 02857 USA
DIRECTOR	ROLAND GUILLEMETTE	9 KARA-LYNN DR. FRANKLIN, MA 02038 USA
DIRECTOR	MAUREEN IANNITELLI	3214 HOLLY TERRACE VILLAGES, FL 32160 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JOHN F. KENYON 133 OLD TOWER HILL ROAD, SUITE 1 WAKEFIELD , RI 02879

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 8 Day of June, 2020 at 2:59:58 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JAMES P. REILLY
Signature of Authorized Person

Form No. 631
Revised 09/07