



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2016

→ 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
2020 JUN 23 AM 8:56

1. Entity ID Number 000533046		2. Exact name of the Corporation The Nanaquacket Neighborhood Association	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island to facilitate communication between the public and local government to maintain cleanliness and safety for recreation and peaceful enjoyment and to prevent commercial industry that is in conflict with the public's use and enjoyment of the Pond	
4. NAICS Code 813319			
6. Principal Office Address 101 Old Bulgarmarsh Road		City Tiverton	State RI Zip 02878
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Paul Duckett		Vice-President Name Maurice Chouinard	
Street Address 95 Lawrence Court		Street Address 45 Delano Island	
City Tiverton	State RI	City Tiverton	State RI Zip 02878
Secretary Name		Treasurer Name Lori Wood	
Street Address		Street Address 101 Old Bulgarmarsh Road	
City	State	City Tiverton	State RI Zip 02878
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 Earl Pooler		Director Name Maurice Chouinard	
Street Address 528 NANAQUAKET ROAD		Street Address 45 Delano Island	
City Tiverton	State RI	City Tiverton	State RI Zip 02878
Director Name Walter Hogan		Director Name	
Street Address 823 PLEASANT ST		Street Address	
City Somerset	State MA	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 Lori Wood			Date 6/12/20
Signature of Officer/Authorized Representative <i>Lori A. Wood</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

JUN 23 2020
BY *515M*

AA.
8:59 AM.