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

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Annual Report for the year: 2016
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	2. Exact name of the Corporation
000533046	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	City	State	Zip
101 Old Bulgarmarsh Road	Tiverton	RI	02878

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Paul Duckett			Vice-President Name: Maurice Chouinard		
Street Address: 95 Lawrence Court			Street Address: 45 Delano Island		
City: Tiverton	State: RI	Zip: 02878	City: Tiverton	State: RI	Zip: 02878
Secretary Name:			Treasurer Name: Lori Wood		
Street Address:			Street Address: 101 Old Bulgarmarsh Road		
City:	State:	Zip:	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 ☐

Director Name: Earl Pooler			Director Name: Maurice Chouinard		
Street Address: 528 NANAQUAKET ROAD			Street Address: 45 Delano Island		
City: Tiverton	State: RI	Zip: 02878	City: Tiverton	State: RI	Zip: 02878
Director Name: Walter Hogan			Director Name:		
Street Address: 823 PLEASANT ST			Street Address:		
City: Somerset	State: MA	Zip: 02726	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	Date
Lori Wood	6/12/20

Signature of Officer/Authorized Representative: Lori A. Wood

FILED
JUN 23 2020
BY SLSMØ
A.A.
8:59 A.M.

MAIL TO:
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