



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401 222 3030

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \*

\* 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.

1. Corporate ID No. 108980		2. Name of Corporation THE POPLAR POINT ASSOCIATION			
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 155 STEAMBOAT AVENUE		City NORTH KINGSTOWN	Zip 02852
5. Foreign corporation. Enter principal office address			City	State RI	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Promote community, social and athletic activities for the welfare of the POPLAR Point Assoc.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LESLIE FLOOD			Vice President Name JAMES BAKER		
Street Address 11 NEWPORT AVE.			Street Address 11 LEXINGTON AVE.		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Secretary Name ANTHONY SCELSA JR.			Treasurer Name ANTHONY SCELSA JR.		
Street Address 155 STEAMBOAT AVE.			Street Address 155 STEAMBOAT AVE.		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name LESLIE FLOOD			Director Name JAMES BAKER		
Street Address 11 NEWPORT AVE.			Street Address 11 LEXINGTON AVE.		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Director Name ANTHONY SCELSA JR.			Director Name NONE		
Street Address 155 STEAMBOAT AVE.			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name ANTHONY SCELSA JR.			Address		
Address 155 STEAMBOAT AVE.			City NORTH KINGSTOWN	State	Zip 02852

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

<b>FILED</b>	
File Date	MAY 25 2008
Check No.	By 236
By	
FOR SECRETARY OF STATE USE	

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.

5-22-08  
Signature of Officer Date  
ANTHONY SCELSA JR.  
Print or Type Name of Officer  
SECRETARY / TREASURER  
Title of Officer



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

Filing Period: June 1 - June 30 • Filing Fee: \$20.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>108980</b>		2. Name of Corporation <b>The Poplar Point Association</b>	
3. State of Incorporation <b>RHODE ISLAND</b>		4. Corporate address in Rhode Island - Street Address <b>155 STEAMBOAT AVENUE</b>	
		City <b>NORTH KINGSTOWN</b>	Zip <b>02852</b>
5. Foreign corporation. Enter principal office address		City	State <b>RI</b>
			Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>ENCOURAGING AND PROMOTING COMMUNITY, SOCIAL AND ATHLETIC ACTIVITIES.</b>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>ROBERT CARNIAUX</b>		Vice President Name <b>DARLENE GODIN</b>	
Street Address <b>42 CONCORD AVE.</b>		Street Address <b>272 STEAMBOAT AVE.</b>	
City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	City <b>NORTH KINGSTOWN</b>	State <b>RI</b>
Zip <b>02852</b>		Zip <b>02852</b>	
Secretary Name <b>KATHY CARNIAUX</b>		Treasurer Name <b>ANTHONY (TONY) SCIELSA JR.</b>	
Street Address <b>42 CONCORD AVE.</b>		Street Address <b>155 STEAMBOAT AVE.</b>	
City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	City <b>NORTH KINGSTOWN</b>	State <b>RI</b>
Zip <b>02852</b>		Zip <b>02852</b>	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name <b>TONY GIORGIANNI</b>		Director Name <b>GREGORY COPPA</b>	
Street Address <b>25 NEWPORT AVE.</b>		Street Address <b>160 STEAMBOAT AVE.</b>	
City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	City <b>NORTH KINGSTOWN</b>	State <b>RI</b>
Zip <b>02852</b>		Zip <b>02852</b>	
Director Name <b>THOMAS QUINN</b>		Director Name <b>NONE</b>	
Street Address <b>146 STEAMBOAT AVE.</b>		Street Address	
City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	City	State
Zip <b>02852</b>		Zip	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name <b>BARBARA QUINN</b>		Address	
Address <b>146 STEAMBOAT AVENUE</b>		City <b>NORTH KINGSTOWN</b>	Zip <b>02852</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* FILED 9 8 0 \*

File Date JUN 29 2004  
Check No. By M 36477 GA  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: [Signature] Date: 6-25-04  
Print or Type Name of Officer: TONY SCIELSA JR.  
Title of Officer: TONY SCIELSA JR. - TREASURER



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 108980		2. Name of Corporation The Poplar Point Association	
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address c/o 146 Steamboat Avenue	
		City North Kingstown	Zip 02852
5. Foreign corporation. Enter principal office address		City	State
			Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island.  
**ENCOURAGING AND PROMOTING COMMUNITY, SOCIAL AND ATHLETIC ACTIVITIES.**

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>Tony Giorgianni</u>			Vice President Name <u>NONE</u>		
Street Address <u>25 Newport Ave</u>			Street Address		
City <u>No. Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City	State	Zip
Secretary Name <u>NONE</u>			Treasurer Name <u>Barbara Quinn</u>		
Street Address			Street Address <u>146 Steamboat Ave.</u>		
City	State	Zip	City <u>No. Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  FILL IN THE SPACES BEFORE USING ATTACHMENTS  
**THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23**

Director Name <u>Greg Coppa</u>			Director Name <u>Darlene Godin</u>		
Street Address <u>160 Steamboat Ave.</u>			Street Address <u>272 Steamboat Ave.</u>		
City <u>No. Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>No. Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>
Director Name <u>Tony Giorgianni</u>			Director Name		
Street Address <u>25 Newport Ave.</u>			Street Address		
City <u>No. Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City	State	Zip

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name <u>BARBARA QUINN</u>		Address	
Address <u>146 STEAMBOAT AVENUE</u>		City <u>NORTH KINGSTOWN</u>	Zip <u>02852</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 8 9 8 0 \*

File Date 6-24-03

Check No. 264

By [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Barbara Quinn 6-18-03  
Signature of Officer Date

Barbara Quinn  
Print or Type Name of Officer

Treasurer  
Title of Officer

Filing Fee: \$20.00

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

NON-PROFIT CORPORATION

Corporate ID Number DNP-108980

Annual Report for the year 2002

- 1. The name of the corporation is The Poplar Point Association
2. The state or other jurisdiction under the laws of which it is incorporated is RHODE ISLAND
3. The address of the registered office of the corporation in this state is 6 POPLAR AVENUE NORTH KINGSTOWN, RI 02852
and the name of its registered agent in this state at that address is WILLIAM PENNOYER
4. The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is Neighborhood cookout/clambakes & socializing / neighborhood improvement
5. If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is incorporated is
6. Corporate address in Rhode Island 146 Steamboat Avenue, North Kingstown, RI 02852
7. Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)

Table with 3 columns: NAME, OFFICE, ADDRESS. Lists directors and officers including Greg Coppa, Tom Quinn, Bill Spinelli, Tony Ciorra, Katie Frechette, and Barbara Quinn.

Dated: JUN 12, 2002

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.



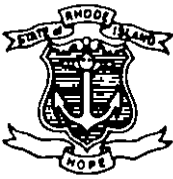
Poplar Point Association
Exact Name of Corporation...

FILED FOR SECRETARY OF STATE USE ONLY JUN 28 2002 By [Signature]

By [Signature] Title President (Report must be signed by an officer)

Filing Fee: \$20.00

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

NON-PROFIT CORPORATION

Corporate ID Number DNP-108980

Annual Report for the year 2001

- 1. The name of the corporation is The Poplar Point Association
2. The state or other jurisdiction under the laws of which it is incorporated is RHODE ISLAND
3. The address of the registered office of the corporation in this state is 6 POPLAR AVENUE NORTH KINGSTOWN, RI 02852
and the name of its registered agent in this state at that address is WILLIAM PENNOYER
4. The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is Neighborhood functions (clam bake, ekwien barbeque, hot dog roast)
5. If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is incorporated is
6. Corporate address in Rhode Island 6 Poplar Avenue, North Kingstown, R.I. 02852
7. Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)

Table with 3 columns: NAME, OFFICE, ADDRESS. Rows include Greg Coppa (Director), Bill Spinelli (Director), Ron Godin (Director), Tony Giorgianni (President), Darlene Godin (Vice-President), Katie Frechette (Secretary), and Barbara Quinn (Treasurer).

Dated: June 29, 2001

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.

Poplar Point Association
Exact Name of Corporation

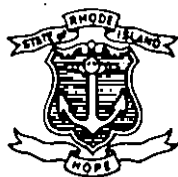
By Barbara J. Quinn
Title Treasurer
(Report must be signed by an officer)



FOR SECRETARY OF STATE USE ONLY
File Date: 7-2-01
Check No.: 163
Rv: [Signature]

Filing Fee: \$20.00

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

NON-PROFIT CORPORATION

Corporate ID Number DNP-108980

Annual Report for the year 2000

- 1. The name of the corporation is The Poplar Point Association
2. The state or other jurisdiction under the laws of which it is incorporated is RHODE ISLAND
3. The address of the registered office of the corporation in this state is 6 POPLAR AVENUE NORTH KINGSTOWN, RI 02852
and the name of its registered agent in this state at that address is WILLIAM PENNOYER
4. The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is a neighborhood association, social gatherings
5. If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is incorporated is
6. Corporate address in Rhode Island
7. Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)

NAME OFFICE ADDRESS

Table with 3 columns: NAME, OFFICE, ADDRESS. Rows include Gregory Coppa (Director), William Spinelli (Director), Ron Godin (Director), Thomas J. Quinn (President), Tony Giorgianni (Vice-President), Katharine Frechette (Secretary), Barbara G. Quinn (Treasurer), and Wm. Pennoyer (Agent).

Dated: 6/12/00

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.

The Poplar Point Association
Exact Name of Corporation

By Thomas J. Quinn

Title President

(Report must be signed by an officer)

FOR SECRETARY OF STATE USE ONLY

File Date: 6/13
Check No.: 109