

Matthew A. Brown, Secretary of State Corporations Division

148 W. River Street

Providence, Rt 92904-2615

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

401 222 3046

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.				<del></del>	<del></del>	
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3. Store of Progressington	r comparate achieve in Rh. 155 <u>5</u> 5+EA/	NBOAT AVE	NUE	NORTH Kingstown	02852	
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Anthony Scoth	A JR.		Anthon See	CSI JR.		
155 STEAMBOAT	AVE.	·	55 STEAMB	MT AVE.	T	
Kenth Kingstown	RI	("02862	North Kinstown	R/	02852	
8. NAMES AND ADDRESSES THE NUMBER OF DIRECTO	OF THE DIRECTORS	S: ("X" BOX FOR ATTAC : (RHODE ISLAND) C	HMENT) [ ] FILL IJI SPACES E FORPORATION <u>SHALL NOT</u> I	B <u>e less than thre</u> e	(3). R.I.G.L. 7-6-23	
LESLIF Flow	od		JAMES BA	KER		
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NexTHE KIRSTOWN	R	02852	NORTH KINGTOWN	sinc R)	02852	
Anthony ScELSA JR			NONE NONE			
155 STEAMBO	ab AVE.		Street Address	<del>-</del>	<b>1</b>	
LORTH KINGSTOWN	State RHODE (SLAND - DO	DASSA NOT ALTER - Chans	ces require filing of Form 6		7-6 78	
Anthony So	esd Jr.		Address			
155 STEAMSONT	AVE.		NATH KINGSTONN	)	852	
This report must b	e signed by either the	President, Vice Presid	ent, Secretary, Assistant Secre	etary, Treasurer, Receive	er or Trustee	

ſ	FILED	report, including any accompanying schedules and statements, and that all statements contained hereincare true and correct.
File Dote	• • • • •	Mothern Dielia / 5-22-06
Check No	MAY 2 5 2008	Anthony SCELSA IR.
By .	By 356	Print or Type Name of Officer  RAS UR EAS UR ER
	FOR SECRETARY OF STATE USE OF STATE	Title of Office Form 631 Rev. 12/05

that I have examined this



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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

Corporate ID No.	2. Name of Corporation	<u></u>					
108980	The Poplar Point Associ	ciation				<u></u>	
State of Incorporation	1 '	Rhode Island - Street Addre	ď	City	KINGSTOWN	02852	
RHODE ISLAND	155 STEAM	BOAT AVENUE	· •		·	<u> </u>	
Foreign corporation. Enter pri	ncipal office address		City	State R	/	Zφ	
Brief Description of the character	r of the affairs which are a	tually conducted in Rhode i	sland				
ENCOURAGING AND PRO	MOTING COMMUNIT	Y, SOCIAL AND ATHLE	TIC ACTIVITIES.				
. NAMES AND ADDRESSE	S OF THE OFFICER	S. C"Y" ROY FOR ATTAC	HALENT) [] FILL IN SE	ACES REFORE III	SING ATTACH	MENTS	
esident Name		5. ( * b) * 1 OR A11 A	Vice President Name \		•		
ROBERT	CARNIAUX		DARIE	NC (JUD	IN .		
rect Address 42 CON	ICORD AVE.		Street Address 270	STEAMI	30AT A	vE.	
NORTH KINGSTOWN	State R1	Zip 02852	NORTH KINGSTO	own state R	1	<sup>Xip</sup> 02852	
KATHY	CARNIAUX		Treasurer Name (TONY)	مست النبيات المسترات المسترات المسترات			
reet Address 42 CONC	ORD AVE.		155 SHEAMBOAT AVE.				
Noath kindstewn	State R)	02852	NORTH KINGST	own sinc R	1	<sup>रक</sup> ०२८ इन	
. NAMES AND ADDRESSI		·•	ACHMENT) TILL IN S				
HE NUMBER OF DIRECT	TORS OF A DOMEST	IC (RHODE ISLAND)	1	L NOT BE LESS	<u>THAN</u> THREE	(3). R.I.G.L. 7-6	
iroctor Name	IORAJONN)		Director Name	ary COPI	P/1		
reet Address	0		Street Address	,		<u></u>	
25 Neu	NPORT AVE		160	STEAMBOX	ST AVE	•	
NORTH KINGSTOWN	State R)	<sup>210</sup> 02852	NORTH KIN	Centa	2/	210 00 8 EST	
Proctor Name Thomas	S QUIND		Director Name				
met Address		JE .	Street Address			<u> </u>	
NORTH KINGSTOWN	State R	21p 2852	City	State	7 4 12 / 7	Zip	
REGISTERED AGENT IN	A KHODE ISLAND - I	DO NOT ALIEK - Cha	Address	rorm 041 · K.I.	j.L. /-U-1j / /	-0-78	
BARBARA QUINN			1,11,11,12,12				
ddress	<u> </u>		City	_	Zip		
146 STEAMBOAT AVENUE			NORTH KINGSTOV	/N	02852	<b>!•</b>	
<del></del> -	o singed in tale by all	than the Describent Ma	e President, Secretary, A			····	
inis report must b	e signed in ink by ci	iner the President, vic	e President, Secretary, P	issistant Secretary	. Heasuici, Ke	cerver or trustee	
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FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Officer

Title of Officer

SCELSA

Form 631 Rev. 04/04

REASURER



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

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Filing Period: June 1 - J (FORM <u>M</u> UST BE TYPED OR 1							
1. Corporate ID No.	2. Name of Corpora	<del></del>	·				
108980	The Poplar Point A						
3. State of Incorporation		s in Rhode Island - Street Addr	ess es	City	Zip		
RHODE ISLAND		teamboat Aven		North Kingston			
5. Foreign corporation. Enter pr		· · · · · · · · · · · · · · · · · · ·	City	State	Zip		
	•		1				
	OMOTING COMMU	NITY, SOCIAL AND ATHLE	TIC ACTIVITIES.				
7. NAMES AND ADDRESSE President Name	2 OF THE OFFICE	RS ("X" BOX FOR ATTAC	HMENT)   FILL IN SP. Vice President Name	ACES BEFORE USING ATT.	ACHMENTS		
	aiann:		l				
Tony Gior	granni		NONE Street Address				
25 New DOR	+ Are		once man as				
Ĉilo	State	17in	City	State	Zip		
No. Kingstown	RT	102852	.] ```,	Sinte	Dp .		
Secretary Name	- L		Treasurer Name				
NONE			Barbara	Quinn			
Street Address			Street Address	· · · · · · · · · · · · · · · · · · ·			
		•		amboat Are.			
City	State	Zip	City	\State	Zip		
			No. Kingstown	RI	02852		
	S OF THE DIRECT CTORS OF A DOM	ORS ("X" BOX FOR ATTAC ESTIC (RHODE ISLAND)	HMENT) TILL IN TILCORPORATION SHALL	HE SPACES BEFORE USING NOT BE LESS THAN THR	ATTACHMENTS EE (3). R.I.G.L. 7-6-23		
Director Name			Director Name	<b>^</b> .			
Greg Coppa			Darlene	Godin			
Street Address			Street Address	Godin Camboat Ave.	· -		
160 Steamba	at me.		1 272 Ste	camboat the.			
City	State D T	Zip	City	State -	Zip		
160 Steambor No. Kingstown	J 72 1	02822	No. Kingston	)L   K1	03822		
Director Name			Director Name				
Tony Giora	ianni	· ···					
Street Address /	,		Street Address				
25 Newport	C		<del> </del>	<del></del>			
NO. Kingstown	State RI	12ip 02852	City	State	Zip		
· · · • • • • • • • • • • • • • • • •	· · - · · · · · · · · · · · · · · · · ·	🛴 🚛 . 🧓	J				
9. REGISTERED AGENT IN Agent Name	KHUDE ISLAND -	DO NOT ALTER - Chang		m 641 - R.I.G.L. 7-6-13 / 7-6-7	78		
rige in France			Address		•		
BARBARA QUINN	<del></del>						
Address			City	Zip			
146 STEAMBOAT AVENUE			NORTH KINGSTOW	N i oz	2852-		
This report must be <b>signed</b>	l in ink by either	the President Vice Pres	ident Secretary Acci				
* 1	0 8 9 8		Under penalty of pethis report, including	rjury. I declare and affirm that I g any accompanying schedules nts contained herein are true and	have examined and statements,		
File Date Le - C	24-03	3	Bush a	0.	6-18-03		
			Signature of Officer	- ywar	Date 5		
Check No.	64		Parbara	Out.			
	2.		Print or Type Name		<del></del>		
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FOR SECRETARY OF STATE	USE ONLY		reasure	<u> </u>	ph 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2		
		j	Title of Officer		Form 631 Rev. 6/02		

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

-16<u>-19</u>-1

#### **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				
The state or other jurisdiction under the laws of which it is incorporated is RHODE ISLAND						
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						
		lly conducting in Rhode Island, briefly stated, is Reigh bir hord				
Cocknet/	clumbakes & so	cializing / reighborhood improvement				
	If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is					
6. Corporate addre	ss in Rhode Island 146	Steamboat Avenue, North Kingstown, RI U2852				
7. Names and addr number of direct	resses of its directors and o ors of a domestic (Rhode Is	officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the sland) corporation shall not be less than three (3).)				
NAME	OFFICE	ADDRESS				
Grey Coppa	Director	160 Steamboat Are, N.K., PICOSSZ				
Tom Quinn	Director	146 Steamboot Are, N.K. PI 02852				
Bill Spinell						
<u> </u>	Director	190 Steambout And DK RI 03852				
	<del>-{</del>	25 Newport some NL R4 02852				
Tony Grozain	<del>-{</del>	25 Newport Are NL RX 02852				
Tony Giorgian	President Vice-President	25 Newport Are NL RX 02852				
	President Vice-President Secretary Treasurer	25 Newport Ame NL R4 02852				
Tony Grozaiza  Katie Frechetta	President Vice-President Secretary Treasurer	30 Levinsten Av. NK RA 52852				
Patie Frechette Barbara Qu	President Vice-President Secretary Treasurer	35 Newport Mre NL R4 02852  30 Levinston Av. NK RA 82852  146 Steamboost Av. No Kingstown, RT 02812  Under penalty of perjury. I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that				
Tony Giczain  Ratie Frechette  Barbara Qu  Dated: 12,12,12,12,12,12,12,12,12,12,12,12,12,1	President Vice-President Secretary Treasurer  2002  STATE USE ONLY	35 Newport Mre NL R 4 02852  30 Levin Star Av. NK R 4 82852  146 Steamboos Av. No Kingstown R T 02812  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.				
Porty Greening  Ratie Frechette  Barbara Qu  Dated: 12,  1 0 8 9	President Vice-President Secretary Treasurer  2002  FILED STATE USE ONLY NIN 2 8 2002	25 Newport Mare NL R & 02852  30 Levinstan Av. NK R & 52852  146 Steamboot Av. No Kingstown R I cz 8:2  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 Prosident				
Tony Giczaliw  Latie Frechetta  Barbara Qu  Dated: June 12,  1 0 8 9	President Vice-President Secretary Treasurer  2002  STATE USE ONLY JUN 2 8 2002	25 Newport Mare NL R & 02852  30 Levinstan Av. NK R & 52852  146 Steamboot Av. No Kingstown R I cz 5:2  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 Prosident				



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

	14011-1	NOTITION CHAINON
Corporate ID Number <u>DN</u>	P-108980	Annual Report for the year 2001
. The name of the corpor	ration is The Poplar	Point Association
The state or other juris	diction under the laws	s of which it is incorporated is RHODE ISLAND
The address of the reg	pistered office of the o	corporation in this state is 6 POPLAR AVENUE NORTH KINGSTOWN,
and the name of its reg	gistered agent in this	state at that address is WILLIAM PENNOYER
		illy conducting in Rhode Island, briefly stated, is Neighbor hord
	•	rincipal office in the state or other jurisdiction under the laws of which it is
•	Rhode Island 6 Po	Har Aveaue, North Kingstown, R. A. 02857
		officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the sland) corporation shall not be less than three (3).)
NAME	OFFICE	ADDRESS
rea Coppa	Director	160 Steambout No. North Kingstown RA 020
Bill Spinelli	Director	190 Steambout for, Notth Kingstown, PA 028
Ron Godin	Director	272 Steamboat the NorthKingotown R. N. 028.
ony Giorgiani	President	25 Newfort Are. North Kingstown, P. 40285
ardene Godin	Vice-President	272 Steamboat An. North Kingotvan R.J. 028.
atie Frechette	Secretary	30 Lexington Are, North Kingstown, R. V. 02852
Barbara Quin	Treasurer	146 Steamboat frem North Kingstown, R.J. 02852
ated: June 29, 20	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.
* 1 0 8 9 8		Poplar Point Association.  Exact Name of Corporation
FOR SECRETARY OF STATE	USE ONLY	By Boulas g- Dwinn
Date:		Title Ireasurer
ck No.:	<u> </u>	(Report must be signed by an officer)
2 ·		Form No. 631 Revised 5/98

Filing Fee: \$20.00

To be filed annually during the month of June



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#### NON-PROFIT CORPORATION

	NON-PROFIT CORPORATION							
Со	rporate ID Number <u>DNP</u>	-108980		Annual I	Report for the y	/ear_ <b>2000</b>		
1.	. The name of the corporation is The Poplar Point Association							
2.								
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 aff	·						
	-a neighbor	hood asso	ciation,.	Social gotherin	90-			
5	If a foreign corporation, incorporated is	the address of its pri	ncipal office in the	e state or other jurisdiction	on under the la	ws of which it is		
6.		hode Island	· · · · · · · · · · · · · · · · · · ·					
7.	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				
۲	Freigny Coppa	Director	170	Steamboat		N. Kingstown		
بلر	Jilliam Spinell	Director		Steanbook		N Kingstown		
<u> </u>	Jon Godin	Director	272	Steambert 1	Λ	Kingstown 1		
<u> </u>	homes J Qu	<u>un م</u> President	196	Itcom boat	HUe_	N. Kingstown		
4	ony biorgianni	Vice-President	<del>25</del>			Kingstrum		
R	atharine trech	Secretary	74	Concord are	1. Ki	JT NT		
7	Sarbara G.D	Treasurer		Diplar Due 1	J. Kingston			
Ds	ated: 6//3/	, agent 100	Ψ Under penalty of (	perjury, I declare and affirm		•		
-	.wu. 6/12/	<u> </u>	report, including a	ny accompanying scheduk	es and statemen			
	 		all statements cor	ntained herein are true and	$\wedge$	0/		
			The 1	Exact Name of		ation_		
_	* 1 0 8 9 8	0 *	٦0	(\ \tau \)	Corporation			
	FOR SECRETARY OF STATE U	JSE ONLY	Ву	mas Jacu				
File	Date:	<u> </u>	Title	adent				
Che	ck No.:	7		(Report must be signe	d by an officer	l		
	<u></u>	<u> </u>		e gamenta ya ke isang kalangan kanalangan kanalangan kanalangan kanalangan kanalangan kanalangan kanalangan ka	Form N	•		