



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

Annual Report for the year:
Non-Profit Corporation

2020

- Filing period June 1 - June 30
→ Filing Fee \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

JUN 17 2020

BY

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1 Entity ID Number 000164620		2 Exact name of the Corporation SPARROW POINT 1 CONVENIENCE STORE	
3 State of Incorporation R.I.		5 Brief description of the character of business conducted in Rhode Island NON-PROFIT BUSINESS TO SELL GROCERIES TO RESIDENTS OF SPARROWS POINT 1, A ELDERLY AND HANDICAPPED COMPLEX.	
4 NAICS Code 813910			
6 Principal Office Address 311 HARDIG RD. ROOM S		City WARWICK	State R.I. Zip 02886
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name MAURICE DAVIS		Vice-President Name TONIA-ANN COUTU	
Street Address 311 HARDIG RD. APT A-205		Street Address 311 HARDIG RD APT G-110	
City WARWICK	State R.I.	City WARWICK	State R.I. Zip 02886
Secretary Name GLORIA SLATER		Treasurer Name SAME AS PRESIDENT	
Street Address 311 HARDIG RD. APT B-208		Street Address	
City WARWICK	State R.I.	City	State Zip
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 DONNA PAQUIN		Director Name CHERYL DEL PONTE	
Street Address 311 HARDIG RD. APT. D-206		Street Address 311 HARDIG RD. APT. B-211	
City WARWICK	State R.I.	City WARWICK	State R.I. Zip 02886
Director Name MAURICE DAVIS		Director Name	
Street Address 311 HARDIG RD. APT. A-205		Street Address	
City WARWICK	State R.I.	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 MAURICE DAVIS		Date 6/12/20	
Signature of Officer/Authorized Representative Maurice Davis			

MAIL TO:
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Website: www.sos.n.gov