



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 12 2021

Annual Report for the year: 2020

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

BY 115
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1. Entity ID Number 29733		2. Exact name of the Corporation The Steere Family Association Incorporated			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Family Association for reunions, genealogy, and cemeteries			
4. NAICS Code 813211 - Grantmaking Found					
6. Principal Office Address 600 Lapham Farm Road			City Mapleville	State RI	Zip 02839
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Amy Thompson			Vice-President Name None		
Street Address 42623 North 43rd Drive			Street Address		
City New River	State AZ	Zip 85087	City	State	Zip
Secretary Name Sarah Steere			Treasurer Name David A Steere		
Street Address 40 Seneca Drive			Street Address 600 Lapham Farm Road		
City Noank	State CT	Zip 06340	City Mapleville	State RI	Zip 02839
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 Randall Steere			Director Name Diane Steere Nobles		
Street Address 15 Drawbridge Road			Street Address 17 East Pond Street		
City Westford	State MA	Zip 01886	City Narragansett	State RI	Zip 02882
Director Name Clifford Brown			Director Name Lois E. Dexter		
Street Address 180 Brown Street			Street Address 144 Grant Drive		
City Providence	State RI	Zip 02906	City North Kingston	State RI	Zip 02852
9. The Registered Agent information of record with the RI Department of State is accurate. 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative David A Steere					Date 3/5/2021
Signature of Officer/Authorized Representative <u>David A Steere</u>					

MAIL TO:
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