



RI SOS Filing Number: 202198262860 Date: 6/11/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2021

JUN 11, 2021

043

→ 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 000027967		2. Exact name of the Corporation North Shore Drive Association	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island Non-Profit to Oversee Open Space Acreage	
4. NAICS Code 813312			
6. Principal Office Address P.O. Box 32 1 Roselawn Ave		City Forestdale	State RI
			Zip 02824
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>			
President Name William Sutherland		Vice-President Name Roger Lapierre	
Street Address 4 Leland Road		Street Address 230 North Shore Road	
City Berlin	State MA	City Glendale	State RI
Zip 01503		Zip 02826	
Secretary Name Marissa LaCombe		Treasurer Name Martha Shean	
Street Address North Shore Drive		Street Address 1 Roselawn Avenue	
City Glendale	State RI	City Forestdale	State RI
Zip 02826		Zip 02824	
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 William Sutherland		Director Name Roger Lapierre	
Street Address 4 Leland Road		Street Address 230 North Shore Road	
City Berlin	State MA	City Glendale	State RI
Zip 01503		Zip 02826	
Director Name Marissa LaCombe		Director Name Martha Shean	
Street Address North Shore Drive		Street Address 1 Roselawn Avenue	
City Glendale	State RI	City Forestdale	State RI
Zip 02826		Zip 02824	
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.			
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 Martha J Shean		Date 6/7/2021	
Signature of Officer/Authorized Representative Martha J Shean			

MAIL TO:

Division of Business Services

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FORM 631 - Revised: 08/2020