RI SOS Filing Number: 202198655770 Date: 6/24/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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.

FILED
JUN 24 2021
BY 293
DS

1. Entity ID Number	2. Exact name of the Corporation
000115510	**Friends of Harmony Village, Inc.**
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To preserve the heritage and generate the sense of community of Harmony, a village in Glocester.
4. NAICS Code: 813410	

6. Principal Office Address	City	State	Zip
14 Saw Mill Rd. - P. O. Box 120	Harmony	RI	02829

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Alyce Mack			Vice-President Name: None		
Street Address: 14 Saw Mill Rd. - P. O. Box 122			Street Address: None		
City: Harmony	State: RI	Zip: 02829	City: None	State: None	Zip: None
Secretary Name: Pauline Anderson			Treasurer Name: Diane Bartlett		
Street Address: 759 Tourtellot Hill Rd.			Street Address: 207 Putnam Pike - P. O. Box 66		
City: N. Scituate	State: RI	Zip: 02857	City: Harmony	State: RI	Zip: 02829

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Alyce Mack			Director Name: Pauline Anderson		
Street Address: 14 Saw Mill Rd. - P. O. Box 122			Street Address: 759 Tourtellot Hill Rd.		
City: Harmony	State: RI	Zip: 02829	City: N. Scituate	State: RI	Zip: 02857
Director Name: Diane Bartlett			Director Name: None		
Street Address: 207 Putnam Pike - P.O. Box 66			Street Address: None		
City: Harmony	State: RI	Zip: 02829	City: None	State: None	Zip: None

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	Date
Diane E. Bartlett	6/22/21

Signature of Officer/Authorized Representative: Diane E. Bartlett

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 08/2020