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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year:

Non-Profit Corporation

2021

JUL 02 2021

BY 493

→ 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 <u>000108980</u>		2. Exact name of the Corporation <u>POPLAR POINT ASSOCIATION</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>the purpose of promoting community, social and athletic activities for its members</u>	
4. NAICS Code <u>813319</u>			
6. Principal Office Address <u>155 Steamboat Ave.</u>		City <u>North Kingstown</u>	State <u>RI</u>
		Zip <u>02852</u>	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>STEVEN LORD</u>		Vice-President Name <u>GEORGE HAGERTY</u>	
Street Address <u>42 NEWPORT AVE.</u>		Street Address <u>30 LEXINGTON AVE.</u>	
City <u>North Kingstown</u>	State <u>RI</u>	City <u>North Kingstown</u>	State <u>RI</u>
Zip <u>02852</u>		Zip <u>02852</u>	
Secretary Name <u>MARY ANN NADDOY</u>		Treasurer Name <u>ANTHONY SCIELSA JR.</u>	
Street Address <u>124 STEAMBOAT AVE.</u>		Street Address <u>155 STEAMBOAT AVE.</u>	
City <u>North Kingstown</u>	State <u>RI</u>	City <u>North Kingstown</u>	State <u>RI</u>
Zip <u>02852</u>		Zip <u>02852</u>	
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 <u>ROBERT HIRSCH</u>		Director Name <u>ONNO BOSWINKEL</u>	
Street Address <u>33 LEXINGTON AVE.</u>		Street Address <u>124 STEAMBOAT AVE.</u>	
City <u>North Kingstown</u>	State <u>RI</u>	City <u>North Kingstown</u>	State <u>RI</u>
Zip <u>02852</u>		Zip <u>02852</u>	
Director Name <u>IRENE ROMANELLI</u>		Director Name	
Street Address <u>62 CONCORD AVE.</u>		Street Address	
City <u>North Kingstown</u>	State <u>RI</u>	City	State
Zip <u>02852</u>		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 <u>ANTHONY SCIELSA JR. TREASURER</u>			Date <u>June 27, 2021</u>
Signature of Officer/Authorized Representative <u>Anthony Scelsa Jr.</u>			SIGN DOCUMENT HERE

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: 06/2019