



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

Annual Report for the year:
Non-Profit Corporation

2021

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

FILED

STAMP

JUL 02 2021

BY 493

FOR
SECRETARY OF STATE
USE ONLY

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>	Zip <u>02852</u>	City <u>North Kingstown</u>	State <u>RI</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>	Zip <u>02852</u>	City <u>North Kingstown</u>	State <u>RI</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>	Zip <u>02852</u>	City <u>North Kingstown</u>	State <u>RI</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>	Zip <u>02852</u>	City	State
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	