



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
JUL 21 2021
STAMP
 BY *[Signature]*

1. Entity ID Number 000067867	2. Exact name of the Corporation Misquamicut Business Association		
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island <i>business association</i>		
4. NAICS Code 813910 Business Associations			
6. Principal Office Address P.O. Box 1302	City Westerly	State RI	Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <i>TBD</i>		Vice-President Name <i>TBD</i>	
Street Address		Street Address	
City	State	Zip	City
Secretary Name <i>TBD</i>		Treasurer Name <i>TBD</i>	
Street Address		Street Address	
City	State	Zip	City
8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name <i>Rebecca Colucci</i>		Director Name <i>Timothy Brennan</i>	
Street Address <i>97 Shore Road</i>		Street Address <i>18 Castle Way</i>	
City <i>Westerly</i>	State <i>RI</i>	Zip <i>02891</i>	City <i>Westerly</i>
Director Name <i>Scarlett Driscoll</i>		Director Name <i>Michelle Vacca</i>	
Street Address <i>9 Lyman Court</i>		Street Address <i>10 Winnapaug Avenue</i>	
City <i>New London</i>	State <i>CT</i>	Zip <i>06320</i>	City <i>Westerly</i>
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 <i>Rebecca Colucci</i>			Date <i>7/14/21</i>
Signature of Officer/Authorized Representative <i>[Signature]</i>			

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