



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2022

1. Corporate ID No. 001686229

2. Name of Corporation Save Sand Pond

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code
813312

4. Principal Office Address

No. and Street: 34 SAND POND ROAD

City or Town: WARWICK

State: RI

Zip: 02888

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

SAVE SAND POND IS DEDICATED TO PRESERVING AND IMPROVING THE QUALITY OF SAND POND AND THE SURROUNDING MASSASOIT TERRACE NEIGHBORHOOD.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
DIRECTOR	ALISA R. RICHARDSON	133 PURITAN DRIVE WARWICK, RI 02888 USA
DIRECTOR	DAVID R. BOUCHARD	173 PURITAN DRIVE WARWICK, RI 02888 USA
DIRECTOR	MAUREEN POTHIER	34 SAND POND ROAD WARWICK, RI 02888 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MAUREEN POTHIER 34 SAND POND ROAD WARWICK , RI 02888

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 1 Day of August, 2022 at 12:59:10 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MAUREEN POTHIER
Signature of Authorized Person

Form No. 631
Revised 09/07

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