



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number 00164620		2. Exact name of the Corporation Sparrow Point Convenience Store	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island small not profit market available to residences of Sparrow Point I senior housing 2 hrs per day 6 days per week	
4. NAICS Code 813910			
6. Principal Office Address 311 Hardig Rd		City Warwick	State RI Zip 02886
7. List ALL officers (names and addresses). Check the box to indicate an attachment ☐			
President Name Sharon A. Martineau		Vice-President Name Pam Podgorski	
Street Address 311 Hardig Rd Apt B 209		Street Address 311 Hardig Rd B 207	
City Warwick	State RI Zip 02886	City Warwick	State RI Zip 02886
Secretary Name Joanna Martin		Treasurer Name Sharon A. Martineau	
Street Address 311 Hardig Rd B 210		Street Address 311 Hardig Rd B 209	
City Warwick	State RI Zip 02886	City Warwick	State RI Zip 02886
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Karol Krazel		Director Name Barbara Cochran	
Street Address 311 Hardig Rd C 209		Street Address 311 Hardig Rd A 102	
City Warwick	State RI Zip 02886	City Warwick	State RI Zip 02886
Director Name Lonna Tanguin		Director Name Rita Shaw	
Street Address 311 Hardig Rd C 209		Street Address 311 Hardig Rd A 210	
City Warwick	State RI Zip 02886	City Warwick	State RI Zip 02886
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 Sharon A. Martineau			Date 3-17-2023
Signature of Officer/Authorized Representative Sharon A. Martineau			

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 631 - Revised 11/2021