



**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 - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 001696414

2. Name of Corporation The Island Park Preservation Society

3. State of Incorporation

State: RI

NAICS CODE

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

813319

4. Principal Office Address

No. and Street: 21 BEACH STREET

City or Town: PORTSMOUTH

State: RI

Zip: 02871-0000

Country: USA

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

THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF BUILDING THE ISLAND PARK COMMUNITY BY PROVIDING A FORUM TO SHARE INFORMATION, CONNECT NEIGHBORS AND PROMOTE ENVIRONMENTAL AND CIVIC ACTIVITIES SUCH AS NEIGHBORHOOD CLEANUPS AND ANNUAL SOCIAL EVENTS. THE CORPORATION FOR SUCH PURPOSE SHALL ALSO MAKE DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHAEL MACFARLANE	21 BEACH STREET PORTSMOUTH, RI 02871 USA
DIRECTOR	SHARON LEE MACFARLANE	21 BEACH STREET PORTSMOUTH, RI 02871 USA
DIRECTOR	MICHAEL ROBERT MACFARLANE	21 BEACH STREET PORTSMOUTH, RI 02871 USA
DIRECTOR	LOWELL METAVIER	85 CEDAR AVENUE PORTSMOUTH, RI 02871 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

MICHAEL MACFARLANE 21 BEACH STREET PORTSMOUTH , RI 02871

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

Signed this 12 Day of July, 2024 at 11:29:11 AM 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 MICHAEL MACFARLANE
Signature of Authorized Person

Form No. 631
Revised 09/07

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