RI SOS Filing Number: 202569729790 Date: 4/9/2025 4:00:00 PM

**State of Rhode Island**
**Department of State - Business Services Division**

FILED
APR 09 2025
BY 266

**Annual Report for the year:** 2025
**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.

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| 000027967 | North Shore Drive Association, Inc. |
| 3. State of Incorporation: R.I. | 5. Brief description of the character of business conducted in Rhode Island: Non-Profit to Oversee Open Space Acreage |
| 4. NAICS Code: 813312 | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| P.O. Box 32 1 Roselawn Ave. | Forestdale | RI | 02824 |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| President Name | Vice-President Name |
|---|---|
| William Sutherland | Roger Lapierre |
| Street Address: 4 Leland Road | Street Address: 230 North Shore Drive |
| City: Berlin; State: MA; Zip: 01503 | City: Glendale; State: RI; Zip: 02826 |
| Secretary Name: Marissa LaCombe | Treasurer Name: Martha Shean |
| Street Address: North Shore Drive | Street Address: 1 Roselawn Avenue |
| City: Glendale; State: RI; Zip: 02826 | City: Forestdale; State: RI; Zip: 02824 |

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

| Director Name | Director Name |
|---|---|
| William Sutherland | Roger Lapierre |
| Street Address: 4 Leland Road | Street Address: 230 North Shore Drive |
| City: Berlin; State: MA; Zip: 01503 | City: Glendale; State: RI; Zip: 02826 |
| Director Name: Marissa LaCombe | Director Name: Martha Shean |
| Street Address: North Shore Drive | Street Address: 1 Roselawn Avenue |
| City: Glendale; State: RI; Zip: 02826 | City: Forestdale; State: RI; Zip: 02824 |

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 | Date |
|---|---|
| Martha J. Shean | 4/6/25 |

Signature of Officer/Authorized Representative: Martha J. Shean

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

FORM 631- Revised: 12/2023