



State of Rhode Island
Department of State - Business Services Division

FILED

APR 09 2025

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.



BY 266

1. Entity ID Number <u>000027967</u>		2. Exact name of the Corporation <u>North Shore Drive Association, Inc.</u>			
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>Non-Profit to Oversee</u> <u>Open Space Acreage</u>			
4. NAICS Code <u>813312</u>					
6. Principal Office Address <u>P.O. Box 32 1 Roselawn Ave.</u>			City <u>Forestdale</u>	State <u>RI</u>	Zip <u>02824</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>William Sutherland</u>			Vice President Name <u>Roger Lapierre</u>		
Street Address <u>4 Leland Road</u>			Street Address <u>230 North Shore Drive</u>		
City <u>Berlin</u>	State <u>MA</u>	Zip <u>01503</u>	City <u>Glendale</u>	State <u>RI</u>	Zip <u>02826</u>
Secretary Name <u>Marissa LaCombe</u>			Treasurer Name <u>Martha Shean</u>		
Street Address <u>North Shore Drive</u>			Street Address <u>1 Roselawn Avenue</u>		
City <u>Glendale</u>	State <u>RI</u>	Zip <u>02826</u>	City <u>Forestdale</u>	State <u>RI</u>	Zip <u>02824</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name <u>William Sutherland</u>			Director Name <u>Roger Lapierre</u>		
Street Address <u>4 Leland Road</u>			Street Address <u>230 North Shore Drive</u>		
City <u>Berlin</u>	State <u>MA</u>	Zip <u>01503</u>	City <u>Glendale</u>	State <u>RI</u>	Zip <u>02826</u>
Director Name <u>Marissa LaCombe</u>			Director Name <u>Martha Shean</u>		
Street Address <u>North Shore Drive</u>			Street Address <u>1 Roselawn Avenue</u>		
City <u>Glendale</u>	State <u>RI</u>	Zip <u>02826</u>	City <u>Forestdale</u>	State <u>RI</u>	Zip <u>02824</u>
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 <u>Martha J. Shean</u>					Date <u>4/6/25</u>
Signature of Officer/Authorized Representative <u>Martha J. Shean</u>					

MAIL TO:
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Website: www.sos.ri.gov