



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 97668		2. Exact name of the Corporation WARREN TAXPAYERS FOR THE COMPREHENSIVE PLAN, INC			
3. State of Incorporation R.I		4. Brief description of the character of business conducted in Rhode Island To support the Comprehensive Plan of Warren, R.I			
5. Principal office address 71 SHORE DR		City WARREN	State R.I.	Zip 02885	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John Barker			Vice-President Name William Polleys		
Street Address 27 maple Rd.			Street Address 9 Shore Dr		
City Warren	State R.I.	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name VIRGINIA B. PEARSON			Treasurer Name VIRGINIA B. PEARSON		
Street Address 71 SHORE DR.			Street Address (SAME)		
City WARREN	State RI	Zip 02885	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name DEDE BERG			Director Name PETER SIQUELAND-GRESCH		
Street Address 3 CIRCUIT DRIVE			Street Address 5 CEDAR STREET		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
Director Name ELIZABETH MCKENZIE			Director Name		
Street Address TOUISSET Rd.			Street Address		
City WARREN	State RI	Zip 02885	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____
 Check No _____
 By: _____
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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.

Virginia B. Pearson 6/4/15
 Signature of Officer or Authorized Representative Date

VIRGINIA B. PEARSON
 Print or Type Name of Officer or Authorized Representative