



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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: 2016

Filing period: June 1 - June 30

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

1. Entity ID Number <u>97468</u>		2. Exact name of the Corporation Warren Taxpayers For The Comprehensive Plan, Inc.			
3. State of Incorporation Rhode Island		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 Drive		City Warren	State R.I.	Zip 02885	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Barker		Vice-President Name William Polleys			
Street Address 27 Maple Road		Street Address 9 Shore Drive			
City Warren	State R.I.	Zip 02885	City Warren	State R.I.	Zip 02885
Secretary Name Virginia B. Pearson		Treasurer Name Virginia B. Pearson			
Street Address 7 Shore Drive		Street Address 7 Shore Drive			
City Warren	State R.I.	Zip 02885	City Warren	State R.I.	Zip 02885
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an 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 R.I.	Zip 02885	City Warren	State R.I.	Zip 02885
Director Name Elizabeth McKenzie		Director Name none			
Street Address Touisset Road		Street Address			
City Warren	State R.I.	Zip 02885	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Virginia B. Pearson				Date June 1, 2016	
Signature of Officer/Authorized Representative <i>Virginia B. Pearson</i>					

FILED

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