



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

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV

2016 JUN 14 AM 10:50

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>29541</u>		2. Exact name of the Corporation <u>Southeastern New England Antique Dealers Association Inc.</u>	
3. State of Incorporation <u>RHODE ISLAND</u>		4. Brief description of the character of business conducted in Rhode Island <u>THE ORGANIZATION IS INVOLVED IN CREATING AN INTEREST AND THE SALE OF ANTIQUES AS WELL AS PROVIDING KNOWLEDGE TO THE GENERAL PUBLIC</u>	
5. Principal Office Address <u>36 HOOD AV</u>		City <u>Rumford</u>	State <u>RI</u>
		Zip <u>02916</u>	
6. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name <u>Anthony Gomes JR</u>		Vice-President Name <u>CRAIG WILLEY</u>	
Street Address <u>36 HOOD AV</u>		Street Address <u>2549 Boston Neck Rd</u>	
City <u>Rumford</u>	State <u>RI</u>	City <u>SAUNDERSTOWN</u>	State <u>RI</u>
Zip <u>02916</u>		Zip <u>02874</u>	
Secretary Name <u>LOIS TORMAN</u>		Treasurer Name <u>Dr. JOYCE GOMES</u>	
Street Address <u>45 WELFARE AVE</u>		Street Address <u>36 HOOD AV</u>	
City <u>CRANSTON</u>	State <u>RI</u>	City <u>Rumford</u>	State <u>RI</u>
Zip <u>02910</u>		Zip <u>02916</u>	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name <u>JOANNE PERELLA</u>		Director Name <u>FRANK BEAUDET</u>	
Street Address <u>115 BRADLEY STREET</u>		Street Address <u>420 JOHN MAHAR HWY BLDG #3 #403</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	City <u>BRAINTREE</u>	State <u>MA</u>
Zip <u>02908</u>		Zip <u>02184</u>	
Director Name <u>LILLY DUTAULT</u>		Director Name	
Street Address <u>122 WEBSTER TRAIL</u>		Street Address	
City <u>WATERFIELD</u>	State <u>RI</u>	City	State
Zip <u>02879</u>		Zip	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<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 <u>Anthony Gomes JR PRES</u>			Date <u>6/13/16</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			SIGN DOCUMENT HERE

FILED

JUN 14 2016

By [Signature]  
 A.A.