



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

Annual Report for the year: 2017
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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2017 JUL 27 AM 11:27

1. Entity ID Number 29541		2. Exact name of the Corporation SOUTHEASTERN NEW ENGLAND ANTIQUE DEALERS ASSOCIATION INC	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island THE ORGANIZATION IS INVOLVED IN CREATING AN INTEREST AND THE SALE OF ANTIQUES AS WELL AS PROVIDING KNOWLEDGE TO THE GENERAL PUBLIC	
4. NAICS Code 813319			
6. Principal Office Address 36 HOOD AV		City RUMFORD	State RI
		Zip 02916	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name ANTHONY GOMES JR		Vice-President Name CRAIG WILLEY	
Street Address 36 HOOD AV		Street Address 2549 BOSTON NECK RX	
City RUMFORD	State RI	City SAUNDERSTOWN	State RI
Zip 02916		Zip 02874	
Secretary Name G. JOYCE GOMES		Treasurer Name LIS TURMAN	
Street Address 36 HOOD AV		Street Address 45 WELFARE AV	
City RUMFORD	State RI	City CRANSTON	State RI
Zip 02916		Zip 02910	
8. 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 JOANNE PERELLA		Director Name FRANK BEAUXET	
Street Address 115 BRADLEY STREET		Street Address 420 JOHN MAHAR HWY BLDG #3	
City PROVIDENCE	State RI	City BRAINTREE	State MA
Zip 02908		Zip 02184	
Director Name LILLY DUTRAULT		Director Name	
Street Address 152 WEBSTER TRAIL		Street Address	
City WAKEFIELD	State RI	City	State
Zip 02879		Zip	
9. 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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative ANTHONY GOMES JR PRES.			Date 7/26/17
Signature of Officer/Authorized Representative <i>Anthony Gomes Jr.</i>			FILED

SIGN DOCUMENT HERE

FILED

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

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BY CU 309152 FORM 631 - Revised: 06/2017