



**State of Rhode Island
Department of State - Business Services Division**

FILED

MAR 12 2024

BY

Annual Report for the year: 2024

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.

1. Entity ID Number 000028313		2. Exact name of the Corporation MATUNUCK COMMUNITY ASSOCIATION			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Summer Recreation Area			
4. NAICS Code 813312					
6. Principal Office Address P. O. Box 601			City Wakefield	State RI	Zip 02880
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Dianne Mullaney			Vice-President Name Margaret Hayes-Cote		
Street Address 85 South Weeden Rd.			Street Address 14 West St.		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Kathleen Teixeira			Treasurer Name Sabrina Courville		
Street Address 34 Lower Farm Rd.			Street Address 4 Tiffany Ave.		
City Wakefield	State RI	Zip 02879	City Worcester	State MA	Zip 01604
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Roger Boudreau			Director Name Sabrina Courville		
Street Address 211 Oak Woods Dr.			Street Address 4 Tiffany Ave.		
City Wakefield	State RI	Zip 02879	City Worcester	State MA	Zip 01604
Director Name James DiMaio			Director Name Ronald Gadbois		
Street Address 54 Ocean Village Court			Street Address 60 Holden Rd.		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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.					
<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 Dianne Mullaney, President					Date 3/6/24
Signature of Officer/Authorized Representative 					

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