

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2007

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7 to a penalty fee of \$25.00.	-6-94, each corporation failing or refusing to fil	e its annual report within the tir	ne prescribea by	aw (R.I.G.L. 7-6-91) is subject	
1. Corporate ID No. 38339	2. Name of Corporation RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE				
3. State of Incorporation RHODE ISLAND	4. Corporate address in Roode Island - Street Address		PARIL	UN 3881	
5. Foreign corporation. Enter prin	cipal office address	City	State	Zip	
DUTIES GRANTED TO STA	of the affairs which are actually conducted in Rhode Isla ATE POLITICAL COMMITTEES BY LAW.  OF THE OFFICERS: ("X" BOX FOR ATTACH!	/	FORE USING A	TTACHMENTS	
President Name	(1C100K	Vice President Name	bitai	14	
Street Address	ntu Pra.	Street Address  A A A A A	HC K	24.	
Darring	State Zip DSXI	Portsmoust	State P	210 2871	
Secretary Name	UPL	Treasured Name	Kreai	1	
Street Address Of A	HIII Dr.	Street Address ()	er A	d	
Evanston	State Pl Zin 2721	City COLO	State C	09805	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name	acune	Director Name ROL	bitail	Le	
Street Address	nn Rd	Street Address Addle	He L	٧	
Burrington	State R Zip 2800	"HOrtsmous	state C	1 2sp 287/	
Director Names	OUR	Director Name	ordru	111	
Street Address Or (a.f.	4411 DI	Street Address Orm	USP	d	
9. REGISTERED AGENT IN	State Zib	ges require filing of Form 6	State 41 - R.I.G.L. 7-6	5-13 / 7-6-78	
Agent Name MIA A. CAETANO		Address			
Address ONE TURKS HEAD PLACE,	SUITE 1200	PROVIDENCE	Zig	02903-	
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasur			retary, Treasurer	, Receiver or Trustee	

mire to or activate	· · · · · · · · · · · · · · · · · · ·		
ONE TURKS HEAD PLACE, SUITE 1200	City PROVIDENCE	Zip 02903-	
This report must be signed by either the President, Vid	Under penalty of perju	etary, Treasurer, Receiver or Trustee  ry, I declare and affirm that I have examined this companying schedules and statements, and that all	
File Date  OCT 11 2007  Check No.	statements contained he	D. Cicione	
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Of  Title of Officer	Form 631 Rev. 03/07	