



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molits, Secretary of State
Corporations Office
149 W. River St.
Providence, RI 02904-2600
401-222-4179

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. 7-6-24, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-23) is subject to a penalty fee of \$25.00.

Corporate ID No.

24142

2. Name of Corporation

R.I.G.H.T.

City of Incorporation

1

Foreign corporation. Enter principal office address

4. Corporate address in Rhode Island - Street Address

73 WRIGHT LANE

City

N. KINGSTOWN

State

Zip

02852

1. Description of the character of the affairs which are actually conducted in Rhode Island

FORM PROPERTY TAXES AND INFORM PUBLIC ABOUT PROPERTY TAX INEQUITIES

NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENTS) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Officer Name
R. HARVEY WAXMAN

or Address

3 WRIGHT LANE

State

RI

02852

R. HARVEY WAXMAN

or Address

3 WRIGHT LANE

State

RI

02852

Vice President Name

EDWIN NICHOLSON

Street Address

8 WRIGHT LANE

City

N. KINGSTOWN

State

RI

Zip

02852

Treasurer Name

Street Address

City

State

Zip

NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENTS) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (R.I.G.L. 7-6-21)

Director Name
R. HARVEY WAXMAN

or Address

3 WRIGHT LANE

State

RI

02852

1. KINGSTOWN

or Name

Director Name

EDWIN NICHOLSON

Street Address

73 WRIGHT LANE

City

N. KINGSTOWN

State

RI

Zip

02852

Director Name

ROBERT CARNIAUX

Street Address

42 CONCORD AVE.

City

N. KINGSTOWN

State

RI

Zip

02852

REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - 3161 7-4-11/7-4-78

Agent Name
DR. HARVEY WAXMAN

or Address

73 WRIGHT LANE

City

N. KINGSTOWN

State

02852

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

Signature of Officer

Harvey Waxman
HARVEY WAXMAN

12.11.07
Date

Print or Type Name of Officer

PRES

Title of Officer

FILED

Filing Date

Check No. DEC 14 2007

By 3332

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