

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Providence, RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008 401.22

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. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a parally for a \$25.00. 401.222.3040

1. Corporate 1D No.	2 Airman of G	and the second s	· · · · · · · · · · · · · · · · · · ·		
123019	2. Name of Corporation				
3. State of Incorporation	Emergency Assistance Fund of the Association of YMCA Professionals				
Rhode Island	4. Corporate address in Rhode Island - Street Address City			Zip	
	12 Broad	St, Ste 2-1		Westerly	02891
5. Foreign corporation. En	ter principal office addi	ress	City	State	Zib
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o. priej Description of the cha	wacter of the affairs wh	ich are actually conducted in	Rbode Iskund		
On behalf of its memb fellowship, support and 7. NAMES AND ADDR. President Name	ers, seeks to stim d resources. BSSES OF THE OF	ulate professional grow	th; foster high standards of cor	mpetence; enrich person CES BEFORE USING AT	af lives, provide
Michael Grady			Douglas Kohl		
Street Address			Street Address	<u> </u>	
500 North Broadway	, Ste 500		209 Main St, Ste 501		
СЦр	State	Zip	Ciur	State	
Oklahoma City	ок	73102	Akron		Zip
Secretary Name			Treasurer Name	OH	44308
Natalie Sheard			Carmelita Gallo		
Street Address			Street Address		
79 Coddington St			601 N Akard St		
	1.00				
City	State	Zip		Te.	
Quincy	l _{MA}	02169	City	State	Zip
Quincy 8. NAMES AND ADDRE	MA SSES OF THE DIR	02169 ECTORS: ("X" BOX FOR	Cuy Dallas	TX	75201
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Quincy B. NAMES AND ADDRE THE NUMBER OF DIRE Director Name John B. Coduri Greet Address	MA SSES OF THE DIR	02169 ECTORS: ("X" BOX FOR	Cuy Dallas ATTACHMENT) FILL IN SPACE ND) CORPORATION SHALL) Director Name Michael Grady Street Address	TX CES BEFORE USING ATI VOT BE LESS THAN THE	75201
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File Date Check No.	JUN 03 2008
By:	By 150 3 Ok secretary of state use only

report, including any accompanying	and affirm that I have examined this schedules and statements, and that all
statements contained barein are true	5-28-08
Signature of Officer	Date
Michael Grady	
Print or Type Name of Officer	
P <u>resident</u>	
Title of Officer	