



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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 penalty fee of \$25.00.

1. Corporate ID No. 150365		2. Name of Corporation Ocean State Adult Immunization Coalition			
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island Street Address P.O. Box 2057		City Kingston	Zip 02881
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island To reduce mortality and morbidity associated with vaccine-preventable diseases among adults through medical provider initiatives, development and implementation of public education immunization campaigns.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Lee Ann Quinn			Vice President Name Marsha Weiss		
Street Address 49 Woodsman Trail			Street Address 70 Catamore Boulevard		
City Wakefield	State RI	Zip 02879	City East Providence	State RI	Zip 02914
Secretary Name Bret Feret			Treasurer Name Bret Feret		
Street Address URI College of Pharmacy, 114 Fogarty Hall			Street Address URI College of Pharmacy, 114 Fogarty Hall		
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 Bret Feret			Director Name Lee Ann Quinn		
Street Address URI College of Pharmacy, 114 Fogarty Hall			Street Address 49 Woodsman Trail		
City Kingston	State RI	Zip 02881	City Wakefield	State RI	Zip 02879
Director Name Marsha Weiss			Director Name		
Street Address 70 Catamore Boulevard			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name Gerard R. Goulet, Esq.			Address 50 Kennedy Plaza, Ste. 1500		
Address Hinckley, Allen & Snyder LLP			City Providence	Zip 02903	

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



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FILED	
File Date	JUN 18 2008
Check No.	By 1089
FOR SECRETARY OF STATE USE ONLY	

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.

Lee Ann Quinn _____
Signature of Officer Date
LEEANN QUINN
Print or Type Name of Officer
President
Title of Officer