RI SOS Filing Number: 200812524390 Date: 07/15/2008 4:00 PM

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

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.	2. Name of Corporation		
26063	USAF PARENT'S ASSOC OF RI AND S.E. MASS.		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RI	4097 MAIN ROAD	TIVERTON	02878
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

PROVIDING SUPPORT TO USAF ACADEMY CADETS/PARENTS VIA MEETINGS/REUNIONS ETC

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
PETER BOYADJIAN	157 SWIFT FARM ROAD	PORTSMOUTH	RI	02871

Vice President Name	Street Address	City	State	Zip
RICK SULLIVAN	37 ROLLINGWOOD DR.	N. KINGSTOWN	RI	02852

Secretary Name	Street Address	City	State	Zip
MAREEN BOYADJIAN BOYADJIAN	157 SWEET FARM RD	PORTSMOUTH	RI	02871

Treasurer Name	Street Address	City	State	Zip
PAUL CELLEMME	4097 MAIN RD	TIVERTON	RI	02878

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	Street Address	City	State	Zip
NORMAN LALIBERTE	36 WINSLOW AVE	WARWICK	RI	02886

Director Name	Street Address	City	State	Zip
CARRIE S. CELLEMME	4097 MAIN RD.	TIVERTON	RI	02878

Director Name	Street Address	City	State	Zip
MARCIA LALIBERTE	36 WINSLOW AVE	WARWICK	RI	02886

Director Name	Street Address	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	Address	City	Zip
PAUL CELLEMME	4097 MAIN ROAD	TIVERTON	RI 02878

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

[redacted] [redacted]

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.

15 JULY 2008
Signature of Officer *Date*

PAUL CELLEMME
Print or Type Name of Officer

TREASURER/RA
Title of Officer

File Date	FILED
Check No.	JUL 15 2008
By:	By 063475

24539-2-262281
FOR SECRETARY OF STATE USE ONLY

Form 631 Rev. 03/07