

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 401.2

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 result of the of \$25.00

penalty fee of \$25.00.				
. Corporate ID No.	2. Name of Corporation	Trials Associa	tion (NETA)	
State of Incorporation	4. Corporate address in Rhode Island		City	Zip
, state of incorporation RI	18 Jackson	Ave	Johnston	02919-3812
Foreign corporation. Enter		City	State	Zip
Brief Description of the chara	cter of the affairs which are actually conducted the first that hive	convices to 1h	e members of a	essociation.
WHICH ME	SES OF THE OFFICERS: ("X" BOX	FOR ATTACHMENT) FILL IN	SPACES BEFORE USING ATTA	rials Claurélous Achments
resident Name William	McCormick	Vice President Name Denni	c Ouellette	
trees Address A	imstrong Av	Street Address 25 A	Berwick A	
Warwick	State RI Zip 02	889 Berwic	K State ME	2.ip 03901-276
ecretary Name Tudy O	uellette	Trousurer Name Rona	Id Delgado	2
tront Addrave	saue Zup	Street Address 24	8 Swamp A	ed .
Berwick	State Zip 839	101-2701 Epson	State NH	03234
. NAMES AND ADDRE	SSES OF THE DIRECTORS: ("X" BO	OX FOR ATTACHMENT) [FILL IN	SPACES BEFORE USING ATT	
HE NUMBER OF DIRI	ECTORS OF A DOMESTIC (RHOD	-	<u>ALL NOT BE LESS THAN THI</u>	<u>REE</u> (3). R.L.G.L. 7-6-23
Pirector Name Mic. Lo	rel Green)'Shea	
Troot Address	Pratt Rd.	Street Address	akland Dr	
Dayville	State CT 240	241 Cuy Aubur	n State MA	81581
Director Name Tohn	Begupre	Director Name Da	niel William	<u>15</u> & & & & & & & & & & & & & & & & & & &
	Cross St.	Chant Address	Fowley Dr	
Boylston		505 North Re	rading state MA	01874
9. REGISTERED AGENT Alan P. 6ag This information is curre	IN RHODE ISLAND	en Ave Johnston	RT 02919-3 ling of Form 641 - R.I.G.L. 7-6-	7 8/2 13/7-6-78
This report	must be signed by either the Presid	ent, Vice President, Secretary, As	ssistant Secretary, Treasurer, Re	eceiver or Trustee

	Under
//	report,
FILED	stateme
File Date FEB 2 3 2009	Signatu
Check No.	<u> </u>
By 08/5/3	Print of \$\frac{1}{2} \cdot \frac{1}{2} \cdot \f
FOR SECRETARY OF STATE USE ONLY	Title of

Under penalty of perjury, I declare and at	
report, including any accompanying sched-	ales and statements, and that all
statements contained herein are true and co	nrect
	farer 2/23/19
Signature of Officer	Date
Alan P. Gasbo	7771
Print or Type Name of Officer	
Director ex Com	petitiou_
Title of Officer	Form 631 Rev 09/17
	FOTH 0.31 KeV. 09/17