



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. 093245		2. Name of Corporation Nashua County Chamber of Commerce	
3. State of Incorporation RI	4. Corporate address in Rhode Island - Street Address 16 High Street		City Westerly Zip 02891
5. Foreign corporation. Enter principal office address N/A		City RI	Zip 02891
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Christopher P. Paola		Vice President Name Vito P. Paola	
Street Address 197 Main Street		Street Address 167 Penn's Corners Road	
City Ashaway	State RI	City Westerly	State RI
Zip 02804		Zip 02891	
Secretary Name Elaine Champlin		Treasurer Name	
Street Address 20 Penn's Corners Road		Street Address	
City Westerly	State RI	City	State
Zip 02891		Zip	
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 James P. Paola		Director Name Richard Champlin	
Street Address 197 Main Street		Street Address 20 Penn's Corners Road	
City Ashaway	State RI	City Westerly	State RI
Zip 02804		Zip	
Director Name Tom P. Paola		Director Name	
Street Address 197 Ashaway Main Street		Street Address	
City Ashaway	State RI	City	State
Zip 02804		Zip	
9. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78			

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

FILED

APR 01 2009

By **MD**

29-85425

File Date _____
Check No. _____
By: _____
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.

Signature of Officer **Ch. Paola** Date **4/1/09**
Print or Type Name of Officer **CHRISTOPHER P. PAOLA**
Title of Officer **PRESIDENT**