

FOR SECRETARY OF STATE USE ONLY

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

Filing Period: June 1 - Ju * In accordance with R.I.G.L. penalty fee of \$25.00.	ine 30 • Filing 7-6-94, each corp	Fee: \$20.00* • THIS REF oration failing or refusing to	PORT MUST BE TYPED OR file its annual report within the t	R PRINTED LEGIBLY IN I ime prescribed by law (R.I.G.L	BLACK INK. . 7-6-91) is subject to a
1. Corporate ID No.	2. Name of Corporation				
r- 71 GX5X	Rhode Island Association Emergency Managers ( RIAEM)  4. Corporate address in Rhode Island - Street Address City Zip				
Rhode Island	91 Rivervie		GG (7 C 15)	Pawtucket	02860
5. Foreign corporation. Enter pr			Cit)	State	7.ip
γ	-,,,,	-			•
6. Brief Description of the characte	er of the affairs whic	b are actually conducted in Rh	ode Island		•
Purpose of uniting EMA D	irectors through	hout Rhode Island as a i	unified organization to suppo	ort all objectives in Emerge	ency Management
S MARINE AND ADDRESS	re or the or	FICEDE (#V" DAV FAD 11	TACHMENT) [ FILL IN SPA	CEC DECODE HEINC ATT	ACUMENTS
7. NAMES AND ADDRESS President Name	ES OF THE OF	FICERS: ( A BOA FOR AF	Vice President Name	ICES BEFORE USING ATT	CHMENTS
Robert Howe			Jason Rhodes		
Street Address			Street Address		
91 Riverview Avenue			64 Round Top Road		
City	State	Zip	City	State	Zip
Pawtucket	RI	02860	Harrisville	RI	02830
Secretary Name			Treasurer Name	-	
Steve Preston			Owen T. Bebeau		
Street Address			Street Address		
1 Mayfield Street	State	Zip	169 Main Street	State	Zip
City Smithfield	RI	02828	Woonsocket	RI	02895
	•	•	ATTACHMENT) TILL IN SPA	•	•
Director Name  Robert Howe Street Address  91 Riverview Avenue			Director Name  Jason Rhodes  Street Address  64 Round Top Road		
City	State	Zip	Gity	State	Zip
Pawtucket	RI	02860	Harrisville	RI	02830
Director Name			Director Name		0.00
Owen Bebeau			<b>3</b> 20		
Street Address 169 Main St			Street Address		7
СИУ	State	Zip	City	State	Zip
Woonsocket	[RI	02895	l		3
9. REGISTERED AGENT I					9 S S S S S S S S S S S S S S S S S S S
This information is currentl	y of record in th	e Office of the Secretary of	of State. Changes require filing	of Form 641 - R.I.G.L. 7-6-	13/7-6-38
This report mu	ist be signed by	either the President, Vic	e President, Secretary, Assista	ant Secretary, Treasurer, Ro	eceiver or Trustee.
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<b>n</b> 3	4s28	By (m)			
— PJ	<del>-1</del> 320	$\sqrt{\frac{1}{2}}$	Under penalty	of perjury. I declare and affir	m that I have examined this
		- BO 00	V 2 report, includin	g any accompanying schedule	s and statements, and that all
		XX7-18	statements cont	tained herein are true and corre	ect.
File Date			No. JA	House	5/7/09
			Signature of Offi	icer	<b>B</b> ate
Check No.		I	Pohort Hou	MO	

Robert Howe

Print or Type Name of Officer

President

Title of Officer