

9. REGISTERED AGENT IN RHODE ISLAND

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street

Providence, RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

2009

401.222.3040

* 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 29364 RHODE ISLAND BAR ASSOCIATION 3. State of Incorporation 4. Corporate address in Rhode Island - Street Address ZipPROVIDENCE 02903 RHODE ISLAND 115 CEDAR STREET 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 PROFESSIONAL ASSOCIATION 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) 🔲 FILL IN SPACES BEFORE USING ATTACHMENTS President time ELECT Vice President Name VICTORIA M. ALMEIDA LISE M. IWON Street Address Street Address 115 CEDAR STREET 115 CEDAR STREET State ZipState PROVIDENCE 02903 PROVIDENCE 02903 Secretary Name Treasurer Name MATLITM MCET ROY Street Address Street Address 115 CEDAR STREET 115 CEDAR STREET Cin City State Z_{ip} PROVIDENCE RI 02903 PROVIDENCE RT 02903 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 Director Name HELEN D. MCDONALD DAVTD N BAZAR Street Address Street Address 115 CEDAR STREET 115 CEDAR STREET City State Zip City Ζ**ι**ρ PROVIDENCE PΤ 02903 PROVIDENCE RΙ 02903 Director Name Director Name DARIGAN J. ROBERT WEISBERGER, Street Address Street Address 115 CEDAR STREET 115 CEDAR STREET City PROVIDENCE RI 02903 **PROVIDENCE** RΙ 02903

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

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

	Under penalty of report, including :
File Dase 5-22-09	statements contain
Check No	Signature of Office.
By:	Print or Type Name
FOR SECRETARY OF STATE USE ONLY	Thesia

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 the and correct. (And M. H. Wude. 5/11/06
Signature of Officer Date VICTORIA M. ALME NOTO
Print or Type Name of Officer THESIDENT - Elect
Title of Officer Form 631 Rev. 09/17