

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 2009

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. 27417	2. Name of Corporation KENT COUNTY BAR ASSOCIATION				
3. State of Incorporation Rhode Island	4. Corporate address in Rhode Island - Street Address 1193 Tiogue Avenue			Cup Coventry	^{Zφ} 02816
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character BAR ASSOCIATION I			le Island		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATT President Name Gregory S. Inman			ACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Sandra L. Lanni		
Street Address 1193 Tiogue Avenue			Street Address 33 College Hill Road		
Cuy Coventry	State RI	^{Zip} 02816	Cuy Warwick	State RI	^{Zip} 02886
Secretary Name William Balkun			Treasurer Name Patricia Murray Rapoza		
Street Address 63 Sockanossett Crossroad			Street Address 212 Greenwich Avenue		
City Cranston	State RI	^{Zip} 02920	City Warwick	State RI	^{Zip} 02886
8. NAMES AND ADDRESSE					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAN) Director Name Gregory S. Inman			Director Name Sandra A. Lanni		
Street Address 1193 Tiogue Avenue			Street Address 33 College Hill Road		
Cuy Coventry	State RI	<i>Zip</i> 02816	City Warwick	State RI	^{Zip} 02886
Director Name Patricia Murray Rapoza			Director Name		
Street Address 212 Greenwich Avenue			Street Address		
City Warwick 9. REGISTERED AGENT IN	State RI	<i>Ζφ</i> 02886	City	State	Zip
		ffice of the Secretary of	State. Changes require filing	of Form 641 - R.I.G.L. 7-6-13	3/7-6-78
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This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer

File Date FILED
Check No
By: 39(7)
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affi report, including any accompanying schedule	
statements contained herein are true and corn	rect.
Signature of Officer	Date
Gregory S. Inman	
Print or Type Name of Officer President	