

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. Piras Strend

148 W. River Street Providence, Rt 02904-2615 401-222-3040

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.

* 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.

7.1.1.1.5 5.1.1.1.1	T					
1. Conporate 1D.No. 134583	2. Name of Corporation Rhode Island Affirmative Action Professionals					
3 State of Incorporation	1. Corporate address in F	cituate .	Avenue	Cranston	Zup 02921	
5. Foreign corporation. Enter prin			City	State	Zip	
6. Brief Description of the character of the agians which are actually conducted in Rhode Island TO FOSTER and promote the development of Individuals involved in Equal apportunity and affirmative action planning and programs. 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name James Vincent			Vice President Name Joyce O' Connor			
Street Address 577 Scituate Avenue			street Address 797 Westminster Street			
"Cranston		I.,	*Providence		^z /02903	
Secretary Name Lynn Corwin			Treasurer Name Susan Rezendes			
Street Address 50 Valley Street			street Address 168 Rhode Island Avenue			
"Providence	State RI	²¹¹ 02909	Bwtucket	State PI	zip02860	
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 Vincent			Joyce O'Connor			
Street Address 577 SC	ituate A	tvenue	Street Address 797 Wes	stminster	- Street	
Cranston		^{zip} 02921	Providence	State RI	<i>6</i> 2903	
Director Name Lynn Corwin			Director Name			
street Address 50 Valley Street			Street Address			
"Proudence	State RI	^z ,02909	City	State	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 Desident View Des						

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

Under penalty of perjury, I declare and affirm that report, including any accompanying schedules and	t I have examined this statements, and that all
statements contained herein are frug and correct	
Signalization Officer James Vincon	Date
Prifit or Type Name of Officer President	
Title of Officer	Form 631 Rev. 09/17