| State of Rhode Island and Providence Plantations Fee: \$20.00 Office of the Secretary of State |
|--|
| Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615 Telephone: (401) 222-3040 |
| Non-Profit Corporation Annual Report Filing Period: June 1 - June 30 |
| 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. |
| ANNUAL REPORT YEAR: 2009 |
| 1. Corporate ID No. 000061349 |
| 2. Name of Corporation <u>SAFETY ASSOCIATION OF RHODE ISLAND, INC.</u> |
| 3. State of Incorporation State: <u>RI</u> |
| 4. Corporate Address in Rhode Island |
| No. and Street:P.O. BOX 6606City or Town:PROVIDENCEState:RIZip:02940Country:USA |
| 5. Foreign Corporation. Enter Principal Office Address |
| No. and Street: |
| City or Town: State: Zip: Country: |
| 6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island |
| TO PROMOTE AND DEVELOP A POSITIVE EXCHANGE OF IDEAS AND EXPERIENCE REGARDING THE PROVISION OF A SAFE WORKING ENVIRONMENT |
| 7. Names and Addresses of the Officers and Directors: |
| All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete |
| THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23 |

| Title | Individual Name | Address |
|----------------|-----------------------------|---|
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
| PRESIDENT | ROBERT GALLAGHER | P.O. BOX 6606 PROVIDENCE, RI 02940 USA |
| TREASURER | RAYMOND ANTONELLI | P.O. BOX 6606 PROVIDENCE, RI 02940 USA |
| SECRETARY | PAUL SIMPSON | P.O. BOX 6606 PROVIDENCE, RI 02940 USA |
| VICE PRESIDENT | JOHN BERNARDO | P.O. BOX 6606 PROVIDENCE, RI 02940 USA |
| DIRECTOR | JOSEPH WERBICKI | P.O. BOX 6606 PROVIDENCE, RI 02940 USA |
| DIRECTOR | JOHNELL NORTON | P.O. BOX 6606 PROVIDENCE, RI 02940 USA |
| DIRECTOR | JASON LAVOIE | P.O. BOX 6606 PROVIDENCE, RI 02940 USA |
| DIRECTOR | JANINE PITOCCO | P.O. BOX 6606 PROVIDENCE, RI 02940 USA |
| DIRECTOR | ALBERT WILSHIRE | P.O. BOX 6606 PROVIDENCE, RI 02940 USA |

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

H. PETER OLSEN, ESQ. HINCKLEY, ALLEN & SNYDER LLP 50 KENNEDY PLAZA, SUITE 1500 PROVIDENCE, RI 02903

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

Signed this 19 Day of June, 2009 at 1:25:39 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By RAYMOND R. ANTONELLI

Signature of Officer of the Corporation

| President or Vice President or Secretary or Assistant Secretary or | | | | |
|--|----|--|--|--|
| <u>X</u> Treasurer or <u>Receiver or</u> Trustee (check one) | | | | |
| This report cannot be accepted for filing if an officer has executed the form and he/she is no listed in Section 7. | it | | | |
| Form No. 631 Revised 09/07 | | | | |

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