

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 the prescribed by law (R.I.G.L. 7-6-91) is subject.

penalty fee of \$25.00.			ammun report within the iim	e prescribed by law (R.I.G.L.)	(-6-91) is subject to a
1. Corporate ID No. 32055	2. Name of Corporation Rhade Islan	d Amateur FMI	Repeater Service	, Inc.	
3. State of Incorporation	1. Corporate address in	i Rhode Island - Street Addre	SC .	Cyn	Zip
K L	106 CHA	PLIN ST.		PANTUCKET	02861
5. Foreign corporation. Enter pr	incipal office address		City	State	Zip
6. Brief Description of the characte AMATEUR RAD 7. NAMES AND ADDRESS:	10 REPEATER		TION	of Dryon, was	· •
President Name RICHARD B. FAIRWEATHER			Wice President Name VETER - HARRISON		
Street Address 106 CHAPLIN STREET			Street Address 24 FOREST GLEN DRIVE		
PAWTUCKET	RI	02861	HOPE VALLE	X State RI	2ip 02832
STEPHEN B. ANTHONY			Treasurer Name STEPHEN B. ANTHONY		
Street Address 240 HOPE ST			Street Address 240 HORE STREET		
BRISTOL	State RI	02809	BRISTOL	State RI	2ip 02809
8. NAMES AND ADDRESSE	S OF THE DIRECTO	RS: ("X" BOX _ OR ATTA	CHMENT) FILL IN SPACE	ES BEFORE USING ATTAC	HMENTS
THE NUMBER OF DIRECT	ORS OF A DOMEST	IC (RHODE ISLAND)	CORPORATION SHALL NO	OT BE LESS THAN THREE	E (3). R.I.G.L. 7-6-23
Director Hame			Director Name		
JOHN G. LARAMER			KOLAND VAIGNAULT JR.		
333 STRAWBERRY FIELD			Street Address 19 DAVIS ROAD		
WARWICK	State RI	2ip 02886	WESTPORT	State MA	2ip D2790
DENIS COUTURE			DIRECTOR Name DAVID A. NEAL		
Street Address 11 NARRAGANSETT AVENUE			Street Address 45 BETH ROAD		
UMBERLAND 9. registered agent in	RHODE ISLAND	02864	TIVERTON	State RT	02878
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					
			sident, Secretary, Assistant		

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date	statements contained berein are true and correct.
Check No	Signature of Officer Date 1. P. FAIRWEATHER
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer RESIDENT
	Title of Officer Form 631 Rev. 09/17

Rhode Island Amateur FM Repeater Service Corporate ID Number 32055

Additional Director Attachment as follows:

Steven M. Hoddell 98 Wilbur Road Lincoln, RI 02865

FILED

JUN 29 2009

AD# 32055