

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

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1. Corporate ID No.	2. Name of Corporation					
28464	Raytheon Employees Association					
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address City		Zip			
RI	c/o Lawrence Troiano 1847 West Main Rd. Portsmouth			Portsmouth	02871	
5. Foreign corporation. Enter prin	ncipal office address		City	State	Zip	
6. Brief Description of the character	of the affairs which are a	ctually conducted in Rhode I	sland			
An organization offering all community. 7. NAMES AND ADDRESSE	Raytheon employe	es a variety of fun, affo	ordable activities that encoura		i	
President Name			Vice President Name			
Barbara Dunn			Robart Boardman			
Street Address 250 Meadow Lane			Street Address 95 Gifford Rd.			
City	State	Zip	City	State	Ziþ	
Middletown	RI	02842	Westport	l MA	02790	
Secretary Name	1:::	102012	Treasurer Name			
Wendy Noyes			Lawrence Troiano			
Street Address 13 Barna Woods Way		Street Address 557 Potowomut Rd.				
City	State	Zip	City	State	Zip	
Plainville	MA	02762	Warwick	RI	02818	
			ACHMENT) TILL IN SPACES			
THE NUMBER OF DIRECT	ORS OF A DOMEST	TC (RHODE ISLAND)	CORPORATION SHALL NOT	T BE LESS THAN THR	<u>EE</u> (3). R.I.G.L. 7-6-23	
Director Name  VOSTUMANO			Director Name DARBATLA WINKLEN			
Street Address			Street Address			
41 DorisAve			17 EVERE			
Ti varton	State RI	02878	NEWPORT	State P.I.	21p 2840	
Director Name HENVY MCLO		Director Name				
steer Address Nox fon AVE			Street Address			
Oity  To Un Form  9. REGISTERED AGENT IN	State  A  RHODE ISLAND	0278d	City	State	Zip	
This information is currently	of record in the Offi	ce of the Secretary of Sta	ate. Changes require filing of Fo	orm 641 - R.I.G.L. 7-6-1	3/7-6-78	
This report mus	st be signed by either	r the President. Vice Pr	esident, Secretary, Assistant S	ecretary. Treasurer, Re	ceiver or Trustee	

## **L**30zu9

File Date	FILED				
Check No.	JUL 2 9 2009				
Ву:	By 802				
FOR SECRETARY OF STATE USE ONLY					

Under penalty of perjury, I declare and affirm that I have report, including any accompanying schedules and statement	
statements contained herein are true and correct.	, ,
Signature of Officer	7/28/09
Signature of Officer	/Date /
Lawrence Troiano	
Print or Type Name of Officer	

Treasurer
Title of Officer