

A. Ralph Mollis, Secretary of State Corporations Division

200 Providence, RI 02904-2615

## 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.

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1. Corporate ID No.	2. Name of Corporation				
3106կ	Rhode Island Taxpayers Association				
3. State of Incorporation	· .	thode Island - Street Addre		City	Zip
4 CC	117 Kent	cland Avenue	9	Providence	02908
5 Foreign corporation. Enter principal office address			City	State	Ζίρ
6. Brief Description of the character	of the affairs which are ac	tually conducted in Rhode.	Island		
Civic.					
7 NAMES AND ADDRESSE	S OF THE OFFICERS	· ("Y" BOY FOR ATTAC	CHMENT) [] FILL IN SPACES	REFORE USING ATTACH	MENTS
President Name	or the others	. ( A DOM TOK MITTIE	XXXXXXXXX Le	gal Counsel	,,,,,,,,,,
Farrell Syl	vesten		Farrell Sylvester		
Street Address	V62 061		Street Address		
117 Kentland Avenue			117 Kentland Avenue		
City	State	Zip	City	State	Zip
Providence	R. I.	02908	Providence	R. I.	02908
Secretary Name			Treasurer Name		
Christian Tzurcanu			Farrell Sylvester		
Street Address	_		Street Address	_	
115 St. Stephen Street			117 Kentland Avenue		
City	State	Zip	City	State	Zip
Boston	Ma.	02115	Providence	R. I.	02908
		•	ACHMENT) FILL IN SPACE		
	ORS OF A DOMESTI	C (RHODE ISLAND)	CORPORATION SHALL NO	T BE LESS THAN THREE	(3). R.I.G.L. 7-6-23
Director Name			Director Name		
Farrell Syl	vester		George R. McLeod		
Street Address			115 St. Stephen Street		
117 Kentlan	i <mark>d Avenue</mark> Istate	724	City	state	Zip
•	State -	Zip	*		02115
Providence	I Kala	02908	Boston  Director Name	Ma.	02115
Christian T	guno anu		TATICLION INTINE		
Street Address	Zurcanu		Street Address		
115 St. Ste	nhen Street	<b>-</b>			
City	State	Zip	City	State	Zip
Boston	Ma.	02115			
9. REGISTERED AGENT IN	· •			•	
001 1 0 0 1	r 1 / 4 0rm		ot Character City of C	S (4) D.J.C.I. 7 ( 12/7	£ 70
This information is currently	or record in the Office	e of the Secretary of St	ate. Changes require filing of F	orm 641 - K.I.G.L. /-6-15//	-O- / ð

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

FUED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
LILED	statements contained herein are true and correct.
File Date JUL 29 2009	91:2 Hd 67 M 60 Franch Land 12, 2009
Check NoBy	AND SHOUTH Farrell Sylvester
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer  President  File of Officer
	True of Officer