

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 $\mathcal{A}\mathcal{L}$

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.

penatty jee of \$25.00.					
1. Corporate ID No.	2. Name of Corporation				
103008			, Rhode Island Chapter, Inc.		
3. State of Incorporation	1 7	bode Island - Street Address		City	Zip
RHODE ISLAND	POBOX	6671		Providence	62940
5. Foreign corporation. Enter prin	<del></del>		City	State	Zip
				<u> </u>	<u> </u>
6. Brief Description of the character	of the affairs which are acti	ually conducted in Rhode Isla	ınd		
Seminars ai	id member	ship servi	CO.S		
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTACH	MENT) [] FILL IN SPACES B	EFORE USING ATTACH	MENTS
President Name			Vice President Name		
Phil Benyenuti			Jared Wilbur		
Street Address PO BOX 6671			PO BOX 6671		
City	State 0 -	Zip	City	State	Zip COOAA
riovidence	RI	02940	Providence	I K L	02940
Secretary Name			Treasurer Name		
Julie Steffes			David Page		
Street Address PO BOX 6671			PO Box 6671		
Providence	State LT.	740 02940	Providence	State RI	52940
	OF THE DIRECTOR	S; ("X" BOX FOR ATTAC	· /	BEFORE USING ATTAC	romonii iliaa ka k
The state of the s			CORPORATION SHALL NOT	BE LESS THAN THREE	(3). R.I.G.L. 7-6-23
Director Name			Director Name		
Alan Kyder			L. David Covino		
Street Address			Street Address		
PO BOX 6671			PO BOX 6671		
City	State	Zip	City	State	Zip O O O O O
Providence	RI	02940	Providence	L L	02940
Margaret Caster			Director Name		
			Laura Audotte		
Street Address			Street Address PO BOX 6671		
PO BOX 61		T 2 1			7in
Providence	State G T	C2940	Provide and Ca	State L I	1240 12940
	RHODE ISLAND	100110	· I TO VICKLY CO	1 /	
					*:
This information is currently	of record in the Office	of the Secretary of Stat	e. Changes require filing of For	m 641 - R.I.G.L. 7-6-13/	7-6-78
This report mus	t be signed by either t	the President, Vice Pres	sident, Secretary, Assistant Se	cretary, Treasurer, Recei	iver or Trustee
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This report must be signed by either the President,	Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee
<b>1</b> 03008	Under penalty of perjury, I declare and affirm that I have examined thi report, including any accompanying schedules and statements, and that all
File Date 8-12-09 Check No. 1294	statements contained herein are true and correct.  Signature of Officer  Steffes  Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer  Secretary  Title of Officer  Form 631 Rev. 09/17