

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

148 W. River Street Providence. RI 02904-2615 401.222 3040

Filing Period: June 30 • Filling 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 regular fee of \$25.00

penalty fee of \$25.00.					•		
1 Corporate ID No.	2 Name of Cor	2 Name of Corporation					
000161590			OFFICERS ASSOCIATION				
3 State of Incorporation	4. Corporate address in Rhode Island - Street Address			City	Zip		
RHODE ISLAND	-23 War	d Avenue		Westerly	02891		
5. Foreign corporation. Euer principal office address			City	State	Zıp		
6. Brief Description of the cha	racter of the affairs whi	ch are actually conducted in Ri	hode Island				
Promotion of	educationa	l and vocational	l service for juveni	les.			
7. NAMES AND ADDR	esses of the of	FICERS: ("X" BOX FOR A	TTACHMENT) 🔲 FILL IN SPACE	S BEFORE USING ATTA	CHMENTS		
President Name			Vice President Name				
STEPHEN IACOI			ROBIN CORRIGAN	ROBIN CORRIGAN			
Street Address			Street Address				
23 WARD AVENUE		· · · · · · · · · · · · · · · · · · ·	777 CASS AVENUE		······		
MECTEDLY	State	Zip	City	State	Zip		
WESTERLY	RI	02891	WOONSOCKET	<u> </u> RI	02895		
Secretary Name SIOBHAN O'BRIEN			Treasurer Name KENNETH BOWMAN				
Street Address 278 THURBERS AVENUE			Street Address 30 CURTIS CORNER ROAD				
City	State	Z.ip	City	State:	Zip		
PROVIDENCE	RI	02905	WAKEFIELD	RI	02879		
8. NAMES AND ADDRI	ESSES OF THE DIE	RECTORS: ("X" BOX FOR	ATTACHMENT) FILL IN SPACE				
THE NUMBER OF DIR	ECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION <u>SHALL N</u>	OT BE LESS THAN THE	EE (3). R.I.G.L. 7-6-23		
Director Name			Director Name				
STEPHEN IACOI			ROBIN CORRIGAN				
Sireer Address			Street Address				
23 WARD AVENUE			777 CASS AVENUE				
City	State	Zip	City	State	Zip		
WESTERLY	RI	02891	WOONSOCKET	RI	02895		
Director Name SIOBHAN O'BRIEN		Director Name KENNETH BOWMAN					
Street Address			Street Address				
278 THURBERS AVENUE			20 CURTIS CORNER ROAD				
City	State	Zip	City	State	Zip		
PROVIDENCE	RI	02905	WAKEFIELD	RI	02879		
9. REGISTERED AGEN	I IN RHODE ISLA	ND					
This information is curre	ently of record in th	e Office of the Secretary of	of State. Changes require filing of l	Form 641 - R.I.G.L. 7-6-1	3/7-6-78		
This report	must be signed by	either the President, Vic	e President, Secretary, Assistant	Secretary, Treasurer, Re-	ceiver or Trustee		

0001	161	590
		ンノし

File Date	FILED
Check No.	DEC 10 2009
Ву:	By 3963
F	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm report, including any accompanying schedules a statements contained herein are true and correct to the contained because the cont	nd statements, and that all
Signature of Officer	Date
STEPHEN IACOI	
Print or Type Name of Officer	
PRESIDENT	
Title of Officer	