

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

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.

Terminy jut by the street							
1. Corporate ID No.	2. Name of Corporation RHODE ISLAND BAR ASSOCIATION						
3. State of Incorporation				Zip			
Rhode Island	115 CEDAR	STREET		PROVIDENCE	02903		
5. Foreign corporation. Enter principal office address			City	State	Zíp		
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island							
PROFESSIONAL ASSOCIATION							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name			Vice President Name ELECT				
VICIORIA M. ALMEIDA			LISE M. IWON				
Street Address 115 CEDAR STREET			Street Address 115 CEDAR STREET				
City	State	Zip	City	State	Zip		
PROVIDENCE	RI	02903	PROVIDENCE	RI	02903		
Secretary Name			Treasurer Name				
	R. MCELROY		WILLIAM J. DELANEY				
Street Address 115 CEDAR STREET			Street Address 115 CEDAR STREET				
City	State	Zip	City	State	Zip		
PROVIDENCE	RI	02903	PROVIDENCE	RI	02903		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS							
	ORS OF A DOMEST	IC (RHODE ISLAND)	CORPORATION SHALL NOT	BE LESS THAN THRE	E (3). R.I.G.L, 7-6-23		
Director Name			Director Name				
HELEN D. MCDONALD			MELISSA E. DARIGAN				
Street Address			Street Address				
115 CEDAR STREET			115 CEDAR STREET				
City	State	Zip	City	State	Zip		
PROVIDENCE	RI	02903	PROVIDENCE	RI	02903		
DAVID N. BAZAR			Director Name RICHARD P. D'ADDARIO				
Street Address 115 CEDAR STREET			Street Address 115 CEDAR STREET				
City	State	Zip	City	State	Zip		
PROVIDENCE	RI	02903	PROVIDENCE	RI	02903		
9. REGISTERED AGENT IN RHODE ISLAND							
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							
This report must be signed by either the President Vice President Segretary Assistant Segretary Traceyer Requires or Trustee							

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

	FILED	
File Date	MAY 1 4 2010	
Check No	7174	
-	R SECRETARY OF STATE USE O	NLY

Under penalty of perjury, I declare and affin report, including any accompanying schedule statements contained harm and type and con-	es and statements, and that all
Sighature of Officer Michael R. MEZ	LROY Date
Print or Type Name of Officer Secheraly	+
Title of Officer	Form 631 Rev. 09/17