



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3010

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011**

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 73938		2. Name of Corporation POTTER-RATHBUN ORGAN COMPANY, INC.			
3. Street Address Principal Business Office 520 OAKLAWN AVENUE			City CRANSTON	State RI	Zip 02920
4. Business Phone No. 401-952-5410		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island Repair, restoration, building, rebuilding, tuning, installation, and removal of all makes of pipe organs.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name BRIAN A. MATTIAS			Vice President Name FREDERIC F. WHITESIDE		
Street Address 119 AUSTIN FARM ROAD			Street Address 28 BROADMOOR ROAD		
City EXETER	State RHODE ISLAND	Zip 02822	City CRANSTON	State RI	Zip 02910
Secretary Name HEATHER-ROSE MATTIAS			Treasurer Name HEATHER-ROSE MATTIAS		
Street Address 119 AUSTIN FARM ROAD			Street Address 119 AUSTIN FARM ROAD		
City EXETER	State RHODE ISLAND	Zip 02822	City EXETER	State RHODE ISLAND	Zip 02822
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name CAROLINE E. RATHBUN			Director Name		
Street Address 97 NORTON ROAD			Street Address		
City CRANSTON	State RHODE ISLAND	Zip 02920	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares		Class Series		Par Value	
600		CNP		0.0000	

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

<b>FILED</b>	
File Date	MAR 02 2011
Check No.	1982
By: <b>BY</b>	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature  
Date: 2-17-11  
BRIAN A. MATTIAS  
Print or Type Name  
PRESIDENT  
Title