



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
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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.

1. Corporate ID No. 134230		2. Name of Corporation Forensic Archaeology Recovery			
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address Brown University, Box 1821 235 RIVER FARM DR		City E. Greenwich	Zip 02818
5. Foreign corporation. Enter principal office address		City		State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island To locate, record and recover human remains and associated personal effects and other materials at mass-casualty disaster scenes.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Richard Gould			Vice President Name Randi Scott		
Street Address 6109 A Summer Street			Street Address 235 River Farm Dr.		
City Honolulu	State HI	Zip 96821	City E. Greenwich	State RI	Zip 02818
Secretary Name			Treasurer Name Randi Scott		
Street Address			Street Address 235 River Farm Dr.		
City	State	Zip	City E. Greenwich	State RI	Zip 02818
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Randi Scott			Director Name Richard Gould		
Street Address 235 River Farm Dr.			Street Address 6109 A Summer Street		
City E. Greenwich	State RI	Zip 02818	City Honolulu	State HI	Zip 96821
Director Name Kimberlae Morin			Director Name		
Street Address 231 Cedar Brook Rd			Street Address		
City Sicklerville	State NJ	Zip 08081	City	State	Zip
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, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

134230
FILED

File Date	JUN 28 2011
Check No.	RV 140
By:	
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.

Randi Scott
Signature of Officer
Randi Scott
Print or Type Name of Officer
Deputy Director
Title of Officer