



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

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2011

1. Corporate ID No. 000542221

2. Name of Corporation Tourette Syndrome Association of Rhode Island, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 2247

City or Town: PAWTUCKET

State: RI

Zip: 02861 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROMOTE A GREATER AWARENESS, EDUCATION AND UNDERSTANDING ABOUT
TOURETTE SYNDROME AND RELATED SERVICES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L.
7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	GIL BRICAULT	95 FREESE STREET PROVIDENCE, RI 02908 USA
TREASURER	ANDREW MONTONE	518 E 3RD STREET BOSTON, MA 02127 USA
DIRECTOR	DENISE LAWSON	157 FOSTER CENTER ROAD FOSTER, RI 02825 USA
DIRECTOR	BARBARA BARON	P.O. BOX 2247 PAWTUCKET, RI 02861 USA
DIRECTOR	MARY SCHATZ	P.O. BOX 2247 PAWTUCKET, RI 02861 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

GILBERT BRICAULT 95 FREESE STREET PROVIDENCE , RI 02908

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

Signed this 19 Day of July, 2011 at 4:10:37 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ANDREW H MONTONE

Signature of Officer of the Corporation

☐ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or

☒ Treasurer or ☐ Receiver or ☐ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07

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