

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Stree Providence, RI 02904-2615

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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. | 2. Name of Corporation | | | | | | |
| 000075914 | Imperial Court of Rhode Island at Providence | | | | | | |
| 3. State of Incorporation | 4. Corporate address in Ri | oode Island - Street Address | | City | Zip | | |
| Rhode Island | 369 SIMM | nsville Ave | Unit 430 | Johnston | 02919 | | |
| 5. Foreign corporation. Enter princ | cipal office address | • | City | State | Zip | | |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island | | | | | | | |
| LGBTQ Non-Profit Organization which focuses on raising for other non-profit organizations within the RI LGBTQ community, as well as, the | | | | | | | |
| community in general. 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | | | |
| President Name | | | Vice President Name | | | | |
| Brian Perrico | | | Michael Sousa | | | | |
| Street Address | | | Street Address | | | | |
| 875 South Main St. | | | 750 Davol St. | | | | |
| City | State | Zip | Сиу | State | Zip | | |
| Bellingham | MA | 01019 | Fall River | MA | 02720 | | |
| Secretary Name | | | Treasurer Name | | | | |
| Joseph Lopresti | <u></u> | | Brian Laquerre | | | | |
| Street Address | | | Street Address | | | | |
| P.O. Box 753 | | | 11 Bassett St. | | | | |
| City | State | Zip | City | State | | | |
| Groton | I CT | 06340 | North Providence | l RI | 02904 | | |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | | | |
| THE NUMBER OF DIRECTO | ORS OF A DOMESTIC | C (RHODE ISLAND) C | ORPORATION SHALL NOT B | | | | |
| Director Name | | | Director Name | | | | |
| Ralph Martino | | | David Warren | | | | |
| Street Address | | | Street Address | | | | |
| 266 Scituate Ave. Bldg. B8 | | | P.U. BOX 753 | | | | |
| City | State | Zip | City | State W | Zip | | |
| Cranston | RI | 02920 | Groton | CT | 06340 | | |
| Director Name | | | Director Name | | | | |
| Scott Connery | | | Donald Middlemiss (DECEASED) | | | | |
| Street Address | | | Street Address | | | | |
| 99 Woodside Ave. | | | 16 Grovedale St. | | | | |
| City | State | Zip | City | State | | | |
| Pawtucket | RI | 02861 | Warwick | RI | 1 02888 | | |
| 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 | | | | | | | |

| ■ 000075914 | Under penalty of perjury, I declare and affirm that I have exareport, including any accompanying schedules and statements, | mined this o |
|------------------------|--|--------------|
| File Date DEG 1 9 2011 | statements contained herein are true and correct. | |
| Check No. By 25 2 | Signature of Officer Brian V Devvico | Dale . |

Print or Type Name of Officer

Title of Officer

75914

Non- Profit Corporation Annual Report for the Year 1999 cont.

Director: Mark Smith

Address: N/A

2011 OCT 14 AM ID: 3

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