



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>89101</u>		2. Exact name of the Corporation <u>Rhode Island Association of Assessing Officers</u>			
3. State of Incorporation <u>Rhode Island</u>		4. Corporate Address in RI - Street Address <u>93 Narragansett Ave.</u>		City <u>Jamestown</u>	Zip <u>02835</u>
5. Foreign corporation. Enter principal office address <u>N/A</u>		City		State	Zip
6. Brief description of the character of business conducted in Rhode Island <u>to improve the standards and profession of assessment practices in the state of RI.</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>Michael R. Minardi</u>			Vice-President Name <u>David Robert</u>		
Street Address <u>283 County Road</u>			Street Address <u>343 Highland Road</u>		
City <u>Barrington</u>	State <u>RI</u>	Zip <u>02806</u>	City <u>Tiverton</u>	State <u>RI</u>	Zip <u>02878</u>
Secretary Name <u>Charlene Randall</u>			Treasurer Name <u>Kenneth Gray</u>		
Street Address <u>280 Victory Highway</u>			Street Address <u>93 Narragansett Ave.</u>		
City <u>W. Greenwich</u>	State <u>RI</u>	Zip <u>02817</u>	City <u>Jamestown</u>	State <u>RI</u>	Zip <u>02835</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES), RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>John Majeika</u>			Director Name <u>Suzanne Kogut</u>		
Street Address <u>25 Fifth Avenue</u>			Street Address <u>64 Farnum Pike</u>		
City <u>Narragansett</u>	State <u>RI</u>	Zip <u>02882</u>	City <u>Esmond</u>	State <u>RI</u>	Zip <u>02917</u>
Director Name <u>Tanice Peixinho</u>			Director Name <u>Allan Booth</u>		
Street Address <u>125 Main Street</u>			Street Address <u>43 Broadway</u>		
City <u>E. Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>	City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>
9. REGISTERED AGENT IN RHODE ISLAND <u>Linda L. Cwiek</u>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

FILED

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

MAY 14 2012
1029

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.

Kenneth S. Gray 5-10-12
Signature of Officer Date

Kenneth S. Gray
Print or Type Name of Officer

Treasurer
Title of Officer