



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/business

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. 84378		2. Exact name of the Corporation Rhode Island Association of Wetland Scientists			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To promote education, information, and professional standards in the fields of wetlands and wetland science.			
5. Principal office address c/o Bruce Ahern, 139 Atwood Avenue, #3			City Pawtucket	State RI	Zip 02860
President Name Joseph P. Klingler			Vice-President Name Christopher Mason		
Street Address 95 Normandy Road			Street Address c/o Mason & Associates, Inc., 771 Plainfield Pike		
City Wakefield	State RI	Zip 02879	City North Scituate	State RI	Zip 02857
Secretary Name Carol Murphy			Treasurer Name Bruce S. Ahern		
Street Address 105 Old Pine Road			Street Address 139 Atwood Avenue, #3		
City Narragansett	State RI	Zip 02882	City Pawtucket	State RI	Zip 02860
7. 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 Francis Golet			Director Name Michele Komar		
Street Address 272 Shannock Hill Road			Street Address 80 Audubon Road		
City West Kingston	State RI	Zip 02892	City Warwick	State RI	Zip 02888
Director Name Linda Steere			Director Name		
Street Address c/o Applied Bio-Systems, Inc., P.O. Box 985			Street Address		
City West Kingston	State RI	Zip 02892	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
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

MAY 21 2012

File Date: _____
 Check No: _____
 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.

Signature of Officer: Bruce S. Ahern Date: 5/18/2012
 Print or Type Name of Officer: BRUCE S. AHERN
 Title of Officer: Treasurer