



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. 000078271		2. Exact name of the Corporation RHODE ISLAND ASSOCIATION OF ADMISSIONS OFFICERS			
3. State of Incorporation RI		4. Corporate Address in RI - Street Address 1150 DOUGLAS PIKE		City SMITHFIELD	Zip 02917
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island THE HOLDING OF COLLEGE FAIRS FOR HIGH SCHOOL STUDENTS AND CONDUCTING OF TOURS OF RI COLLEGES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JUDE TOMASINO			Vice-President Name		
Street Address 1762 LOUISQUISSET PIKE			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Secretary Name JENNIFER MULLEN			Treasurer Name KATIE MCATEE		
Street Address 600 MT PLEASANT AVENUE			Street Address 1150 DOUGLAS PIKE		
City PROVIDENCE	State RI	Zip 02908	City SMITHFIELD	State RI	Zip 02917
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 KATIE MCATEE			Director Name BETH FARIAS		
Street Address 1150 DOUGLAS PIKE			Street Address 1150 DOUGLAS PIKE		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Director Name JUDE TOMASINO			Director Name		
Street Address 1762 LOUISQUISSET PIKE			Street Address		
City LINCOLN	State RI	Zip 02865	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 Form 641.					

JUN 12 JUN - 7 AM 11:23
 SECRETARY OF STATE
 CORPORATIONS DIV

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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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.

Katie Mcatee 5/3/12
 Signature of Officer Date

KATIE MCATEE

Print or Type Name of Officer

TREASURER

Title of Officer