



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. <u>110374</u>		2. Exact name of the Corporation <u>Primate Conservation Inc.</u>	
3. State of Incorporation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>Grants to study & protect the least known & most endangered primates in their natural habitat</u>	
5. Principal office address <u>1411 Shannock Road</u>		City <u>Charlestown</u>	State <u>RI</u>
		Zip <u>02813</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Noel B. Rowe</u>		Vice-President Name	
Street Address <u>1411 Shannock Road</u>		Street Address	
City <u>Charlestown</u>	State <u>RI</u>	City	State
Zip <u>02813</u>		Zip	
Secretary Name <u>Marc M. Myers</u>		Treasurer Name <u>Kimberly H. Decker</u>	
Street Address <u>328 Rowe Street</u>		Street Address <u>1690 Linden Ave.</u>	
City <u>Hawley</u>	State <u>PA</u>	City <u>Boulder</u>	State <u>CO</u>
Zip <u>18428</u>		Zip <u>80304</u>	
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 <u>Noel B. Rowe</u>		Director Name <u>Kimberly H. Decker</u>	
Street Address <u>1411 Shannock Road</u>		Street Address <u>1690 Linden Ave.</u>	
City <u>Charlestown</u>	State <u>RI</u>	City <u>Boulder</u>	State <u>CO</u>
Zip <u>02813</u>		Zip <u>80304</u>	
Director Name <u>Marc M. Myers</u>		Director Name	
Street Address <u>328 Rowe Street</u>		Street Address	
City <u>Hawley</u>	State <u>PA</u>	City	State
Zip <u>18428</u>		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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 07 2012

BY 194

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

Date

Noel B. Rowe

Print or Type Name of Officer

President

Title of Officer