



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. 418991		2. Exact name of the Corporation RHODE ISLAND FESTIVALS INC.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island To organize and maintain special events and festivals for purposes of funding charitable organizations that include but not limited to, providing information on underage drinking, drinking and driving and drug related problems.			
5. Principal office address 130 Gano Street		City Providence	State RI	Zip 02906	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Maury A. Ryan			Vice-President Name		
Street Address 600 Cole Farm Road A-2			Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
Secretary Name Leonor Glancy			Treasurer Name Maury A. Ryan		
Street Address 36 Oakland Drive			Street Address 600 Cole Farm Road A-2		
City West Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
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 Maury A. Ryan			Director Name Mary Louise Ryan		
Street Address 600 Cole Farm Road A-2			Street Address 600 Cole Farm Road A-2		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Director Name Leonor Glancy			Director Name		
Street Address 36 Oakland Drive			Street Address		
City West Warwick	State RI	Zip 02893	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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY _____

FILED

JUN 21 2012

4394

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.

Maury A. Ryan 6/18/2012
 Signature of Officer Date

Maury A. Ryan

Print or Type Name of Officer

President

Title of Officer