



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. 100957		2. Exact name of the Corporation FRIENDS OF NAT'L WILDLIFE REFUGES OF RI			
3. State of Incorporation RI		4. Corporate Address in RI - Street Address 50 BEND RD		City CHARLESTOWN	Zip 02813
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island SUPPORT 5 NAT'L WILDLIFE REFUGES IN RI: CONSERVATION, EDUCATION, HEALTHY HABITAT FOR FLORA & FAUNA					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name RICHARD THIEKE			Vice-President Name Martina Marasco		
Street Address 16 TAMANACO DR			Street Address 645 Pt. Judith Rd		
City Charlestown	State RI	Zip 02813	City Narragansett	State RI	Zip 02882
Secretary Name SANDRA MORRISON			Treasurer Name ROBERT KENNEY		
Street Address 11 Deborah St			Street Address 53 Crestwood Dr		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
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 JACK KELLY			Director Name Beverly Lavallee		
Street Address 1 Meikle Ave			Street Address 117 Burdickville Rd		
City Newport	State RI	Zip 02840	City Charlestown	State RI	Zip 02813
Director Name Edward Morschauser			Director Name Melissa Hughes		
Street Address 12 N. Castle Way			Street Address 11 John St		
City Charlestown	State RI	Zip 02813	City Wakefield	State RI	Zip 02879
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.					

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

FILED

File Date _____

JUN 21 2012

Check No _____

By: _____

By: MME
 # 2501

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

RICHARD N. THIEKE

Print or Type Name of Officer

CHAIRMAN OF THE BOARD

Title of Officer