



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. 556187		2. Exact name of the Corporation RHODE ISLAND BREWERS GUILD			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island To work with Brewers located in the state of RI or doing business within the state, in promoting their products, providing information for better and more profitable brews, to share experience for the benefit of doing business with the state.			
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 Sean Larkin			Vice-President Name		
Street Address 276 Mount Pleasant Avenue			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name Maury A. Ryan			Treasurer Name Sean Larkin		
Street Address 130 Gano Street			Street Address 276 Mount Pleasant Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02908
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 Sean Larkin			Director Name		
Street Address 276 Mount Pleasant Avenue			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Director Name Maury A. Ryan			Director Name Sean Larkin		
Street Address 130 Gano Street			Street Address 276 Mount Pleasant Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02908
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

JUN 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.

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

Maury A. Ryan

Print or Type Name of Officer

Secretary

Title of Officer