



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. 000538528		2. Exact name of the Corporation Rhode Island Canoe and Kayak Association, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To promote boating and water safety practices and provide education on the importance of protecting the environment and making better use of our natural resources.			
5. Principal office address 70 Scott Street		City Pawtucket	State RI	Zip 02860	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Andrew J. Barbato		Vice-President Name Susan Engelman			
Street Address 70 Scott Street		Street Address 70 Scott Street			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Barbara August		Treasurer Name Charles J. Larocque			
Street Address 70 Scott Street		Street Address 70 Scott Street			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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 Alan August		Director Name Barbara August			
Street Address 70 Scott Street		Street Address 70 Scott Street			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Andrew Barbato		Director Name Susan Engelman			
Street Address 70 Scott Street		Street Address 70 Scott Street			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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

File Date **JUN 27 2012**
 Check No By *MNC*
 By: *CR # 1596*
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.

Charles J. Larocque **06/26/2012**
 Signature of Officer Date

Charles J. Larocque
 Print or Type Name of Officer
Treasurer
 Title of Officer