



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No 65626		2. Name of Corporation RI COMMITTEE ON OCCUPATIONAL SAFETY & HEALTH	
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address 741 WESTMINSTER ST	
5. Foreign corporation. Enter principal office address		City PROV	Zip 02903
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name KAREN MCANINCH		Vice President Name NONE	
Street Address 196 PRINTERY ST		Street Address	
City PROV	State RI	City	State
Zip 02904			
Secretary Name JACK CALLELLI		Treasurer Name TIM SCHICK	
Street Address 375 BRANCH AV		Street Address 278 WESTMINSTER ST	
City PROV	State RI	City PROV	State RI
Zip 02904		Zip 02913	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name JAMES CELENZA		Director Name P DENVERLY	
Street Address 741 WESTMINSTER ST		Street Address 108 LUG ST	
City PROV	State RI	City PROV	State RI
Zip 02903		Zip 02906	
Director Name MIKE MULLANE		Director Name	
Street Address 356 SMITH ST		Street Address	
City PROV	State RI	City	State
Zip 02908			
9. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78			

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

FILED	
File Date	JUN 29 2012
Check No.	By [Signature] 6341
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.

[Signature] **6/25/12**
Signature of Officer Date
KAREN MCANINCH
Print or Type Name of Officer
President
Title of Officer