RI SOS Filing Number: 201295414750 Date: 07/26/2012 4:00 PM

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.	2. Exact name of the Corporation
30030	THAYER STREET BUSINESS ASSOCIATION
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RHODE ISLAND	[redacted] PROMOTION OF BUSINESS DISTRICT

5. Principal office address	City	State	Zip
94 WATERMAN ST	PROVIDENCE	RI	02906

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
EDWARD F. BISHOP	SANJIV DHAR
Street Address: 94 WATERMAN ST	Street Address: 261 THAYER ST
City: PROVIDENCE State: RI Zip: 02906	City: PROVIDENCE State: RI Zip: 02906
Secretary Name	**Treasurer Name**
DAVID SHWAERY	EDWARD F. BISHOP
Street Address: 10 EUCLID AVE	Street Address: 94 WATERMAN ST
City: PROVIDENCE State: RI Zip: 02906	City: PROVIDENCE State: RI Zip: 02906

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
EDWARD F. BISHOP	SANJIV DHAR
Street Address: 94 WATERMAN ST.	Street Address: 261 THAYER ST
City: PROVIDENCE State: RI Zip: 02906	City: PROVIDENCE State: RI Zip: 02906
Director Name: DAVID SHWAERY	Director Name:
Street Address: 10 EUCLID AVE	Street Address:
City: PROVIDENCE State: RI Zip: 02906	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

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File Date
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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 of Officer — Date: 7/26/2012

EDWARD F. BISHOP
Print or Type Name of Officer

President
Title of Officer

Form No. 631
Revised: 05/2012