



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. 000514628		2. Exact name of the Corporation THE HUMMEL REPORT			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island EXCLUSIVELY FOR THE PURPOSE OF INVESTIGATING AND EXPOSING GOVERNMENTAL WASTE AND CORRUPTION IN THE STATE OF RI			
5. Principal office address 8 HEARTHWOOD DRIVE		City BARRINGTON		State RI	Zip 02806
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JIM HUMMEL		Vice-President Name N/A			
Street Address 8 HEARTHWOOD DRIVE		Street Address			
City BARRINGTON	State RI	Zip 02806	City	State	Zip
Secretary Name N/A		Treasurer Name N/A			
Street Address		Street Address			
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name NICHOLAS GORHAM		Director Name ARLENE VIOLET			
Street Address 25 DANIELSON PIKE		Street Address 499 COUNTY RD.			
City NORTH SCITUATE	State RI	Zip 02857	City BARRINGTON	State RI	Zip 02806
Director Name ROBERT A. MIGLIACCIO		Director Name CAROL YOUNG			
Street Address 118 FERRY LANE		Street Address 3 SYLVIA LANE			
City BARRINGTON	State RI	Zip 02806	City LINCOLN	State RI	Zip 02865
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

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 18 2013

BY **JMD**

29-187889

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

JIM HUMMEL

Print or Type Name of Officer

PRESIDENT

Title of Officer

1/16/13

Date

Exhibit A
To
2012 Annual Report
Of
The Hummel Report

Director Name:

Jack DeAmorim
500 County Road
Barrington, RI 02806

Stephen J Fortunato
1 Bradbury Street
Warren, RI 02885

SECRET
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COORDINATIONS DIV
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