



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

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. 000508445		2. Exact name of the Corporation Combined Energies Working Group			
3. State of Incorporation Rhode Island		4. Corporate Address in RI - Street Address 150 Dexterdale Rd		City Providence	Zip 02906
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island Interdisciplinary working group					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name James McLoughlin			Vice-President Name Jessica Cigna		
Street Address 150 Dexterdale Rd			Street Address 150 Dexterdale Rd		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Jessica Cigna			Treasurer Name James McLoughlin		
Street Address 150 Dexterdale Rd			Street Address 150 Dexterdale Rd		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. 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 James McLoughlin			Director Name Jessica Cigna		
Street Address 150 Dexterdale Rd			Street Address 150 Dexterdale Rd		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name Dr. Sean McLoughlin			Director Name		
Street Address 14905 NW Dominion Dr			Street Address		
City Portland	State OR	Zip 97229	City	State	Zip
9. 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

MAR 20 2013

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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

Jessica M Cigna

Print or Type Name of Officer

Vice President

Title of Officer