



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 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. 26898		2. Exact name of the Corporation The Intercollegiate Broadcasting System			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island College Radio Broadcasting Organization			
5. Principal office address 367 Windsor Highway		City New Windsor		State NY	Zip 12553
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Chris Thomas		Vice-President Name Tom Gibson			
Street Address 100 S. Brainard Avenue		Street Address 425 Ludlow Avenue			
City LaGrange	State IL	Zip 60525	City York	State PA	Zip 17403
Secretary Name Charles Platt		Treasurer Name Frederick Kass			
Street Address 732 Van Dyke Road, NW		Street Address 367 Windsor Highway			
City Alexander	State MN	Zip 50630	City New Windsor	State NY	Zip 12553-7900
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Len Mailloux		Director Name Allen Myers			
Street Address 688 1/2 Fruit Hill Avenue		Street Address 9319 Fresno Road			
City North Providence	State RI	Zip 02911	City Bethesda	State MD	Zip 20814
Director Name Robert Herklotz		Director Name John Murphy			
Street Address 2315 Bragg Street		Street Address P.O. Box 436			
City Brooklyn	State NY	Zip 11229	City Mansfield Center	State CT	Zip 06250
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

MAY 22 2013

BY 8571

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]

Signature of Officer

5-13-2013

Date

Frederick Kass

Print or Type Name of Officer

Treasurer

Title of Officer