



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. 43190		2. Exact name of the Corporation University of Rhode Island Student Senate Inc			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Establishes and recognizes student organizations on campus.			
5. Principal office address 50 Lower College Rd		City Kingston		State RI	Zip 02881
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Matthew M. Kilduff		Vice-President Name Christopher M. Cicero			
Street Address 14 Freedom Ct		Street Address 135 Fry Pond Rd			
City Johnston	State RI	Zip 02919	City West Greenwich	State RI	Zip 02817
Secretary Name Ansley T Stuart		Treasurer Name Pitu Sim			
Street Address 12 Silver Fox Lane		Street Address 39 Madison St			
City Sussex	State NJ	Zip 07461	City Providence	State RI	Zip 02907
7. 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 Matthew M. Kilduff		Director Name Christopher M. Cicero			
Street Address 14 Freedom Ct		Street Address 135 Fry Pond Rd			
City Johnston	State RI	Zip 02919	City West Greenwich	State RI	Zip 02817
Director Name Ansley T Stuart		Director Name Pitu Sim			
Street Address 12 Silver Fox Lane		Street Address 39 Madison St			
City Sussex	State NJ	Zip 07461	City Providence	State RI	Zip 02817
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

FILED

File Date _____

MAY 22 2013

Check No _____

By: _____

By

mmc

FOR SECRETARY OF STATE USE ONLY

CH #28662

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

Matthew M. Kilduff

Print or Type Name of Officer

President

Title of Officer

5/10/13

Date