



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. <u>100957</u>		2. Exact name of the Corporation <u>FRIENDS OF THE NATIONAL WILDLIFE REFUGES OF RI</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island. <u>support 5 national wildlife refuges in RI: conservation, education, healthy habitat for flora + fauna</u>	
5. Principal office address <u>50 BEND RD</u>		City <u>CHARLESTOWN</u>	State <u>RI</u> Zip <u>02813</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>RICHARD THIEKE</u>		Vice-President Name <u>MARTINA MARIASCO</u>	
Street Address <u>16 TAMANO DR</u>		Street Address <u>645 PT JUDITH RD</u>	
City <u>CHARLESTOWN</u>	State <u>RI</u> Zip <u>02813</u>	City <u>NARRAGANSETT</u>	State <u>RI</u> Zip <u>02882</u>
Secretary Name <u>SANDA MORRISON</u>		Treasurer Name <u>ROBERT KENNEY</u>	
Street Address <u>11 DEBORAH ST</u>		Street Address <u>53 CRESTWOOD DR.</u>	
City <u>NARRAGANSETT</u>	State <u>RI</u> Zip <u>02882</u>	City <u>NARRAGANSETT</u>	State <u>RI</u> Zip <u>02882</u>
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 <u>BENGERLY LAVALLEE</u>		Director Name <u>JACK KELLY</u>	
Street Address <u>117 BURDICKVILLE RD</u>		Street Address <u>1 MIEKLE WAY</u>	
City <u>CHARLESTOWN</u>	State <u>RI</u> Zip <u>02813</u>	City <u>NEWPORT</u>	State <u>RI</u> Zip <u>02840</u>
Director Name <u>EDWARD MORSCHAUER</u>		Director Name <u>TOM TETZNER</u>	
Street Address <u>12 N. CASTLE WAY</u>		Street Address <u>NARROW LAKE</u>	
City <u>CHARLESTOWN</u>	State <u>RI</u> Zip <u>02813</u>	City <u>CHARLESTOWN</u>	State <u>RI</u> Zip <u>02813</u>
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 _____

Check No _____ MAY 29 2013

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.

X Richard Thieke 5/22/13
Signature of Officer Date

X RICHARD THIEKE
Print or Type Name of Officer

X CHAIRMAN
Title of Officer