



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. 37340		2. Exact name of the Corporation Rhode Island Telecommunications Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To bring new telephony technology to members in an open forum discussion			
5. Principal office address 505 Central Ave			City Pawtucket	State RI	Zip 02861
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Elaine Hinton - Hasbro, Inc			Vice-President Name Lynette Colwell		
Street Address PO Box 200			Street Address		
City Pawtucket	State RI	Zip 02861	City Attleboro	State MA	Zip 02703
Secretary Name Denise Wynne - Brown University			Treasurer Name Gail Richardson - Teknor Apex Co		
Street Address 3 Davol Square - Suite B-250			Street Address 505 Central Avenue		
City Providence	State RI	Zip 02903	City Pawtucket	State RI	Zip 02861
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 Elaine Hinton			Director Name Denise Wynne		
Street Address PO Box 200			Street Address 3 Davol Square		
City Pawtucket	State RI	Zip 02861	City Providence	State RI	Zip 02903
Director Name Brian Dugas			Director Name Gail Richardson		
Street Address 355 Centerville Road			Street Address 505 Central Ave		
City Warwick	State RI	Zip 02886	City Pawtucket	State RI	Zip 02703
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 29 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.

Gail Richardson 5/27/2013
 Signature of Officer Date

Gail Richardson

Print or Type Name of Officer

Treasurer

Title of Officer