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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.	2. Exact name of the Corporation:
47184	RHODE ISLAND PILOTS ASSOCIATION, INC.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	ASSOCIATION

5. Principal office address	City	State	Zip
7 PAINE ROAD	CHEPACHET	RI	02814

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
MYRON MITCHELL	MICHAEL SPIETH
Street Address: 76 ALDRICH RD	Street Address: 29 OLD CHIMNEY ROAD
City: N. SCITUATE State: RI Zip: 02857	City: BARRINGTON State: RI Zip: 02806
Secretary Name	**Treasurer Name**
MARILYN BIAGETTI	FRED CRUDALE
Street Address: 104 EAST IRONSTONE RD	Street Address: 5 PLAZA ST.
City: HARRISVILLE State: RI Zip: 02830	City: CRANSTON State: RI Zip: 02920

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
MYRON MITCHELL	MICHAEL SPIETH
Street Address: 76 ALDRICH RD	Street Address: 29 OLD CHIMNEY ROAD
City: N. SCITUATE State: RI Zip: 02857	City: BARRINGTON State: RI Zip: 02806
Director Name	**Director Name**
MARILYN BIAGETTI	FRED CRUDALE
Street Address: 104 EAST IRONSTONE RD	Street Address: 5 PLAZA ST
City: HARRISVILLE State: RI Zip: 02830	City: CRANSTON State: RI Zip: 02920

8. REGISTERED AGENT IN RHODE ISLAND DAN SCANLON

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

JUN 04 2013

File Date _____

BY 1301

Check No _____

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.

Signature of Officer — Date: 5/23/13

MYRON MITCHELL

Print or Type Name of Officer

PRESIDENT

Title of Officer

Form No. 630
Revised 92692-1-847487