



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) 222-3640 ~ 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. 47184		2. Exact name of the Corporation. RHODE ISLAND PILOTS ASSOCIATION, INC.	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island ASSOCIATION	
5. Principal office address 7 PAINE ROAD		City CHAPACKET	State RI Zip 02819
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name MYRON MITCHELL		Vice-President Name MICHAEL SPIETH	
Street Address 76 ALDRICH RD		Street Address 29 OLD CHIMNEY ROAD	
City U. SCITUATE	State RI Zip 02857	City BARRINGTON	State RI Zip 02806
Secretary Name MARILYN BRAGGETT		Treasurer Name FRED CRIDALE	
Street Address 104 EAST IRONSTONE RD		Street Address 5 PLAZA ST.	
City HARRISVILLE	State RI Zip 02830	City CRAWFORD	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 MYRON MITCHELL		Director Name MICHAEL SPIETH	
Street Address 76 ALDRICH RD		Street Address 29 OLD CHIMNEY ROAD	
City U. SCITUATE	State RI Zip 02857	City BARRINGTON	State RI Zip 02806
Director Name MARILYN BRAGGETT		Director Name FRED CRIDALE	
Street Address 104 EAST IRONSTONE RD		Street Address 5 PLAZA ST	
City HARRISVILLE	State RI Zip 02830	City CRAWFORD	State RI Zip 02920
8. REGISTERED AGENT IN RHODE ISLAND DAN SCHULON			
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

Check No

BY

1301

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

MYRON MITCHELL

Print or Type Name of Officer

PRESIDENT

Title of Officer

Date

5/23/13