



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. 28470		2. Exact name of the Corporation Ocean State Amateur Radio Group Incorporated			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Emergency Radio Communication			
5. Principal office address 80 Spring Grove Avenue		City Warwick		State R.I.	Zip 02889
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Michael B. Melancon			Vice-President Name Janice Lentz		
Street Address 80 Spring Grove Avenue			Street Address 200 Clarke Road		
City Warwick	State R.I.	Zip 02889	City Narragansett	State R.I.	Zip 02882
Secretary Name John Nelson			Treasurer Name John Nelson		
Street Address 12 Roosevelt Avenue			Street Address 12 Roosevelt Avenue		
City Johnston	State R.I.	Zip 02919	City Johnston	State R.I.	Zip 02919
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 Joseph Delguidice			Director Name Joseph Gulli		
Street Address 200 Cardinal Road			Street Address 1 Celona Road		
City Cranston	State R.I.	Zip 02919	City Johnston	State R.I.	Zip 02919
Director Name Philip J. McCafferty Jr.			Director Name		
Street Address 32 Montcalm			Street Address		
City Warwick	State R.I.	Zip 02889	City	State	Zip
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 JUN 13 2013

Form No. 631
Revised: 05/2012

By MME
CR # 745

FILED

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.

Michael B. Melancon 06-11-2013
Signature of Officer Date

Michael B. Melancon

Print or Type Name of Officer

President

Title of Officer