



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. 58573		2. Exact name of the Corporation Ocean State Action Fund			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island <i>Public Education related to voter participation and citizen involvement in government, including health care access, environmental protections, civil rights, etc.</i>			
5. Principal office address 99 End Hill Rd.		City Cranston	State RI	Zip 02920	
LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
President Name Paula Hodges			Vice-President Name Carolyn Mark		
Street Address 111 Point St.			Street Address Po Box 8413		
City Providence	State RI	Zip 02907	City Warwick	State RI	Zip 02888
Secretary Name			Treasurer Name James Rhodes		
Street Address			Street Address 741 Westminster St.		
City	State	Zip	City Providence	State RI	Zip 02903
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 Edward Benson			Director Name Marti Rosenberg		
Street Address 49 Progress St.			Street Address 31 Talbot Manor		
City Pawtucket	State RI	Zip 02860	City Cranston	State RI	Zip 02905
Director Name Patrick Avina			Director Name Karen MacAninch		
Street Address 250 Broadway, Ste 201			Street Address 90 Printery St.		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02904
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

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that the statements contained herein are true and correct.

Signature of Officer: *James Rhodes* Date: *6/17/13*
 Print or Type Name of Officer: **James Rhodes**
 Title of Officer: **Treasurer**

File Date: _____
 FOR SECRETARY OF STATE USE ONLY

FILED

JUN 17 2013

BY *3098*