



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. 30498		2. Exact name of the Corporation Rhode Island Mineral Hunters			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Study of Minerals, Crystals, Fossils and all aspects of Earth Sciences.			
5. Principal office address 43 Madeleine Ave			City Woonsocket	State RI	Zip 02895
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Steve Emma			Vice-President Name Buck Leach		
Street Address 241 Huxley Avenue			Street Address 9 Goodrich Place		
City Providence	State RI	Zip 02938	City Sharon	State MA	Zip 02067
Secretary Name Jennifer Davis			Treasurer Name Claire Cooper		
Street Address 15 Peace Pipe Tr			Street Address 43 Madeleine Ave		
City Smithfield	State RI	Zip 02917	City Woonsocket	State RI	Zip 02895
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 Thomas Barbish			Director Name Anthony Cesana		
Street Address 1564 Harkney Hill Road			Street Address 85 Saint Paul Street		
City Covertry	State RI	Zip 02816	City N. Smithfield	State RI	Zip 02896
Director Name Bill Wilson			Director Name		
Street Address 49B Pheasant Run			Street Address		
City Smithfield	State RI	Zip 02917-2556	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

FILED

JUN 20 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.

Claire S Cooper 6/17/2013
 Signature of Officer Date

CLAIRE G. COOPER
 Print or Type Name of Officer

TREASURER
 Title of Officer