



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 <u>MUST</u> 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 C. Cooper

6/17/2013

Signature of Officer

Date

CLAIRE C. COOPER

Print or Type Name of Officer

TREASURER

Title of Officer