



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. 160065		2. Exact name of the Corporation RI FROG			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To educate individuals about the Guaifenesin Protocol for Fibromyalgia/Chronic Fatigue Syndromes. Fundraising for Fibromyalgia Research			
5. Principal office address 289 Mishnock Road		City West Greenwich		State RI	Zip 02817
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Karen St.Amand		Vice-President Name Diane E. Boisvert			
Street Address 289 Mishnock Road		Street Address 85 Lenox Avenue			
City West Greenwich	State RI	Zip 02817	City West Warwick	State RI	Zip 02893
Secretary Name Alfred St.Amand		Treasurer Name Karen St.Amand			
Street Address 289 Mishnock Road		Street Address 289 Mishnock Road			
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Karen St.Amand		Director Name Diane E. Boisvert			
Street Address 289 Mishnock Road		Street Address 85 Lenox Avenue			
City West Greenwich	State RI	Zip 02817	City West Warwick	State RI	Zip 02893
Director Name Alfred St.Amand		Director Name None			
Street Address 289 Mishnock Road		Street Address			
City West Greenwich	State RI	Zip 02817	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

FILED

File Date _____

JUN 21 2013

Check No _____

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 Karen St. Amand Date 6/19/2013

Karen St.Amand

Print or Type Name of Officer

President

Title of Officer