



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. 44339		2. Exact name of the Corporation Rhode Island Satsang Society, Inc., A Chartered Affiliate of ECKANKAR			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Religious and spiritual purposes			
5. Principal office address 2914 Post Road, Unit 3		City Warwick	State RI	Zip 02886	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Barbara Battey			Vice-President Name Michel Blais		
Street Address 2914 Post Road, Unit 3			Street Address 2914 Post Road, Unit 3		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Daniel Sobral			Treasurer Name Linda Gordon		
Street Address 2914 Post Road, Unit 3			Street Address 2914 Post Road, Unit 3		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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 Towhill			Director Name Marie Hoffmann		
Street Address 2914 Post Road, Unit 3			Street Address 2914 Post Road, Unit 3		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name Lynda Towhill			Director Name Denise Allard		
Street Address 2914 Post Road, Unit 3			Street Address 2914 Post Road, Unit 3		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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

JUN 25 2013

File Date _____

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

Date

Barbara Battey

Print or Type Name of Officer

President

Title of Officer

Barbara Battey
June 20, 2013