



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. 76984		2. Exact name of the Corporation Southern Rhode Island Cooperative Extension, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To sponsor, encourage, promote, plan & conduct all cooperative extension programs with URI.			
5. Principal office address PO Box 1713			City Kingston	State RI	Zip 02881
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Diane K Martin			Vice-President Name Linda Carpenter		
Street Address PO Box 1713			Street Address 120 Pasquisett Trail		
City Kingston	State RI	Zip 02881	City Charlestown	State RI	Zip 02813
Secretary Name Linda Carpenter			Treasurer Name Linda Carpenter		
Street Address 120 Pasquisett Trail			Street Address 120 Pasquisett Trail		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
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 Diane K Martin			Director Name Joyce Dias		
Street Address PO Box 1713			Street Address PO Box 1713		
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
Director Name Linda Carpenter			Director Name		
Street Address 120 Pasquisett Trail			Street Address		
City Charlestown	State RI	Zip 02813	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 27 2013

BY 121

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.

Linda Carpenter 6/25/2013
 Signature of Officer Date

Linda Carpenter
 Print or Type Name of Officer

Vice President
 Title of Officer