



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. 26821		2. Exact name of the Corporation Associated Radio Amateurs of Southern New England, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To promote interest in and development of amateur radio			
5. Principal office address 54 Kelley Avenue		City East Providence	State RI	Zip 02916	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Douglas Troughton		Vice-President Name Martin Dean Chapman			
Street Address 17 Joyce Ann Drive		Street Address 41 Pheasant Ridge Road			
City Manville	State RI	Zip 02838	City Seekonk	State MA	Zip 02771
Secretary Name Harold E. Vine III		Treasurer Name Robert L. Allen, Jr.			
Street Address 157 Hughes Avenue		Street Address 38 Tullison Avenue			
City Pawtucket	State RI	Zip 02861	City Seekonk	State MA	Zip 02771
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 Douglas Troughton		Director Name Martin Dean Chapman			
Street Address 17 Joyce Ann Drive		Street Address 41 Pheasant Ridge Road			
City Manville	State RI	Zip 02838	City Seekonk	State MA	Zip 02771
Director Name Harold E. Vine III		Director Name Robert L. Allen, Jr.			
Street Address 157 Hughes Avenue		Street Address 38 Tullison Avenue			
City Pawtucket	State RI	Zip 02861	City Seekonk	State MA	Zip 02771
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

JUL 26 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.

Robert L. Allen, Jr. 7/24/13
 Signature of Officer Date

Robert L. Allen, Jr.
 Print or Type Name of Officer

Treasurer
 Title of Officer