

## 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 2012

Filing Period: June 1 - June 30 - This report must be typed or printed legibly.

Filing Fee: \$20.00 -	FAILURE TO F	ILE THIS REPORT	BY JULY 30 WILL RESULT IN A	\$25.00 PENALT		
1. Entity ID No.		ame of the Corporation		,,,,, , , , , , , , , , , , , , , ,	S CE	
91597	The Rh	ode Island Compi	uter Museum, Inc.		COXFOR	
3. State of Incorporation			er of business conducted in Rhode Isla		2 P	
Rhode Island	Preserv	ation of obsolete	computing devices and edu	cational activ	ities. 29 PM	
5. Principal office address 49 Waldron Avenue			City North Kingstown	State Ri	Zip 02852 N	
6. LIST ALL OFFICERS (N	AMES AND ADD	RESSES) ("X" BOX F	Ψ		2 -	
President Name			Vice-President Name			
Ronald Fraser Street Address			Russell R. Goodman			
Street Address 11 Granger Road			Street Address 49 Waldron Avenue			
City				City State Zip		
Westborough	MA	01581	North Kingstown	RI	02852	
Secretary Name	. <u></u>	1	Treasurer Name		UZ-UJZ	
Dan Berman			Rev. Merle K. Peirce			
Street Address			Street Address			
131 Duck Cove Drive		<b></b>	1 Bates Avenue			
City	State	Zip	City	State	Zip	
North Kingstown	RI	02852	North Kingstown	RI	02852	
("X" BUX FUR AT JACHE	NAMES AND ADI BENT) []	DRESSES). RHODE IS	LAND CORPORATIONS MUST LIST	r no less thai	N THREE (3) DIRECTOR	
Director Name			Director Name			
Spencer Goldstein			James Cottrell			
Street Address			Street Address			
40 Indian Ridge Road		T-#-	30 Mesa Drive			
City Sudbury	State MA	Zip 01776	City North Kingstown	State RI	Zip 02852	
Director Name	1007	101770	Director Name	[KI	02052	
Jarod Falcon						
Street Address			Street Address			
45B Curtis Avenue						
<b>Sity Marlborough</b>	State MA	Zip 01752	City	State	Zip	
. REGISTERED AGENT IN				·	- <u> </u>	
			ery of State. Changes require filing i			
This report must b	e signed by eithe	the President, Vice-Pr	resident, Secretary, Assistant Secretar	y, Treasurer, Rece	eiver or Trustee	
			\ _	)		
			Under penalty/of perjury, i	dactage and affin	m that I have examined	
File Date			this report including any a and that air statements con	ceompanying so tained herein an	hedules and statements true and correct.	
Check No			Meile Ke	<b>V</b>	7-15-2013	
Ву:			Signature of Officer		Date	
FOR SECRETARY OF STA	TE USE ONLY	LED =	Rev. Merle K. Peirce			
	at 94	<b>a.a</b> . 2012	Print or Type Name of Officer			
orm No. 631 oviced: 05/2012	JUL <b>29</b> 2013		Treasurer			
	m49-	H. 13:08	P Title of Officer			
	1/\	N 10.00	₹n₁M₁			
	H.	H. 19.00	ייי אכ			