



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 **2010**

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.

2013 JUL 29 PM 12:07
 SECRETARY OF STATE
 CORPORATIONS DIV

1. Entity ID No. 91597		2. Exact name of the Corporation The Rhode Island Computer Museum, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Preservation of obsolete computing devices and educational activities.			
5. Principal office address 49 Waldron Avenue		City North Kingstown	State RI	Zip 02852	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Ronald Fraser		Vice-President Name Russell R. Goodman			
Street Address 11 Granger Road		Street Address 49 Waldron Avenue			
City Westborough	State MA	Zip 01581	City North Kingstown	State RI	Zip 02852
Secretary Name Dan Berman		Treasurer Name Rev. Merle K. Peirce			
Street Address 131 Duck Cove Drive		Street Address 1 Bates Avenue			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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 Spencer Goldstein		Director Name James Cottrell			
Street Address 40 Indian Ridge Road		Street Address 30 Mesa Drive			
City Sudbury	State MA	Zip 01776	City North Kingstown	State RI	Zip 02852
Director Name Jarod Falcon		Director Name			
Street Address 45B Curtis Avenue		Street Address			
City Marlborough	State MA	Zip 01752	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

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 Merle K. Peirce Date 7-15-2013

Print or Type Name of Officer Rev. Merle K. Peirce

Treasurer _____ Title of Officer _____

FILED

JUL 29 2013

By 49-202706
A-A 12:07 p.m.