



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 **2009**

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. 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 Ed Beaulieu			
Street Address 11 Granger Road		Street Address Schooner Avenue			
City Westborough	State MA	Zip 01581	City Jamestown	State RI	Zip 02835
Secretary Name Russell R. Goodman		Treasurer Name Rev. Merle K. Peirce			
Street Address 49 Waldron Avenue		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 Dan Berman			
Street Address 40 Indian Ridge Road		Street Address 131 Duck Cove Drive			
City Sudbury	State MA	Zip 01776	City North Kingstown	State RI	Zip 02852
Director Name Jay Hackett		Director Name			
Street Address 62 Baker Way		Street Address			
City North Kingstown	State RI	Zip 02852	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

7-15-2013

Date

Rev. Merle K. Peirce

Print or Type Name of Officer

Treasurer

Title of Officer

Form No. 631

Revised: 05/2012

FILED

JUL 29 2013

By **49-202706**

A.A. 12:08 p.m.