



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 **2008**

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 _____ Date **7-15-2013**

Rev. Merle K. Peirce

Print of Type Name of Officer

Treasurer

Title of Officer

FILED

JUL 29 2013

By 49-202706
 A.A. 12:08 p.m.

2013 JUL 29 PM 12:08
 SECRETARY OF STATE
 CORPORATIONS DIV