



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. <u>29233</u>		2. Exact name of the Corporation <u>Rhode Island Association of Electrologists</u>		
3. State of Incorporation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>Electrolysis</u>		
5. Principal office address		City	State	Zip
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <u>SOFIE GARABEDIAN</u>		Vice-President Name <u>PATRICIA KRUEGER</u>		
Street Address <u>81 Douglas Ave</u>		Street Address <u>127 West Bay DR.</u>		
City <u>PROV.</u>	State <u>R.I.</u>	Zip <u>02908</u>	City <u>NARRAGANSETT</u>	State <u>R.I.</u> Zip <u>02882</u>
Secretary Name <u>SANDRA BAUMAN</u>		Treasurer Name <u>KATHLEEN FARIA-HUGHES</u>		
Street Address <u>1020 PARK Ave, Suite 105</u>		Street Address <u>81 BURTON ST.</u>		
City <u>CRANSTON</u>	State <u>R.I.</u>	Zip <u>02910</u>	City <u>BRISTOL</u>	State <u>R.I.</u> Zip <u>02809</u>
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 <u>SOFIE GARABEDIAN</u>		Director Name <u>PATRICIA KRUEGER</u>		
Street Address <u>81 Douglas Ave</u>		Street Address <u>127 West Bay DR.</u>		
City <u>PROV.</u>	State <u>R.I.</u>	Zip <u>02908</u>	City <u>NARRAGANSETT</u>	State <u>R.I.</u> Zip <u>02882</u>
Director Name <u>SANDRA BAUMAN</u>		Director Name <u>KATHLEEN FARIA-HUGHES</u>		
Street Address <u>1020 PARK Ave, Suite 105</u>		Street Address <u>81 BURTON ST.</u>		
City <u>CRANSTON</u>	State <u>R.I.</u>	Zip <u>02910</u>	City <u>BRISTOL</u>	State <u>R.I.</u> Zip <u>02809</u>
8. REGISTERED AGENT IN RHODE ISLAND <u>SOFIE GARABEDIAN</u>				
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

AUG 02 2013

49-203147

A.A. 2:25 p.m.

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.

X Sofie Garabedian 8-2-13
Signature of Officer Date

X SOFIE GARABEDIAN
Print or Type Name of Officer

X President
Title of Officer