



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

2113

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.

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|--|---|---|--------------|
| 1. Entity ID No. 486252 | 2. Exact name of the Corporation Rhode Island Association of Emergency Managers | | |
| 3. State of Incorporation Rhode Island | 4. Brief description of the character of business conducted in Rhode Island A professional association of all emergency managers in RI organized to educate, share information, advocate and collaborate on EM issues. | | |
| 5. Principal office address 42 Hillsdale Rd | City West Kingston | State RI | Zip 02829 |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> | | | |
| President Name Joseph R. Arsenault | | Vice-President Name Kevin Gallup | |
| Street Address 42 Hillsdale Rd | | Street Address 9 Wall St | |
| City West Kingston | State RI | City Charlestown | State RI |
| Zip 02892 | | Zip 02813 | |
| Secretary Name William Higgins | | Treasurer Name Christopher Harwood | |
| Street Address 88 Greenwich Blvd | | Street Address 500 Angell St Apt 604 | |
| City East Greenwich | State RI | City Providence | State RI |
| Zip 02818 | | Zip 02906 | |
| 7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> | | | |
| Director Name Joseph R. Arsenault | | Director Name Robert Howe | |
| Street Address 42 Hillsdale Rd | | Street Address 91 Riverview | |
| City West Kingston | State RI | City Pawtucket | State RI |
| Zip 02892 | | Zip 02860 | |
| Director Name Steve Preston | | Director Name | |
| Street Address 1 Mayfield St | | Street Address | |
| City Smithfield | State RI | City | State |
| Zip 02830 | | | |
| 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 for Trustees, or the Registered Agent.

File Date
Check No
By
FOR SECRETARY OF STATE USE ONLY

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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

Print or Type Name of Officer

Title of Officer