



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. 136583		2. Exact name of the Corporation RHODE ISLAND AFFIRMATIVE ACTION PROFESSIONALS			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To foster and promote the development of individuals involved in equal opportunity and affirmative action planning and programs.			
5. Principal office address 557 Scituate Avenue		City Cranston		State RI	Zip 02921
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name James Vincent		Vice-President Name Joyce O'Connor			
Street Address 557 Scituate Avenue		Street Address 797 Westminster Street			
City Cranston	State RI	Zip 02921	City Providence	State RI	Zip 02903
Secretary Name Lynn Corwin		Treasurer Name Elmer C. Pina			
Street Address 50 Valley Street		Street Address 145 Taunton Avenue			
City Providence	State RI	Zip 02909	City East Providence	State RI	Zip 02914
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name James Vincent		Director Name Joyce O'Connor			
Street Address 557 Scituate Avenue		Street Address 797 Westminster Street			
City Cranston	State RI	Zip 02921	City Providence	State RI	Zip 02903
Director Name		Director Name Elmer C. Pina			
Street Address		Street Address 145 Taunton Avenue			
City	State	Zip	City East Providence	State RI	Zip 02914
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

FILED

APR 02 2014

49-221479
A.A. 10:00

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.

Elmer C. Pina

3/24/2014

Signature of Officer

Date

Elmer C. Pina

Print or Type Name of Officer

RIAAP Treasurer

Title of Officer