RI SOS Filing Number: 201438624260 Date: 04/30/2014 4:00 PM

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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.	2. Exact name of the Corporation
32042	Rhode Island Aeromodelers, Inc.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Model Airplane Club

5. Principal office address	City	State	Zip
155 Poplar Drive	Cranston	RI	02920

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Thomas A. Bucci			Thomas Lavoie		
Street Address			Street Address		
52 Harding St.			37 Old Forge Rd.		
City	State	Zip	City	State	Zip
West Warwick	RI	02893	Smithfield	RI	02917
Secretary Name			Treasurer Name		
Michael J. Lathrop			Michael J. Lathrop		
Street Address			Street Address		
155 Poplar Drive			155 Poplar Drive		
City	State	Zip	City	State	Zip
Cranston	RI	02920	Cranston	RI	02920

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Thomas A. Bucci			Michael J. Lathrop		
Street Address			Street Address		
52 Harding St.			155 Poplar Drive		
City	State	Zip	City	State	Zip
West Warwick	RI	02893	Cranston	RI	02920
Director Name			Director Name		
Thomas Lavoie			Phil Cherok		
Street Address			Street Address		
37 Old Forge Rd.			20 Indigo Farm Rd.		
City	State	Zip	City	State	Zip
Smithfield	RI	02917	Harrisville	RI	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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
APR 30 2014
BY 1189

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.

Michael J. Lathrop 4-28-14
Signature of Officer or Authorized Representative Date

Michael J. Lathrop
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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