



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. 30725		2. Exact name of the Corporation Rhode Island Publications Society	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island encouraging scholarship in Rhode Island history, publishing manuscripts which make significant contributions to Rhode Island history	
5. Principal office address 200 Allens Avenue		City Providence	State RI
		Zip 02903	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Patrick T. Conley		Vice-President Name D. Scott Molloy	
Street Address One Bristol Point Road		Street Address 550 Usquepaugh Road	
City Bristol	State RI	City West Kingston	State RI
Zip 02809		Zip 02892	
Secretary Name Anna Maria Loiselle		Treasurer Name Gail C. Conley	
Street Address 1445 Wampanoag Trail, Suite #203		Street Address One Bristol Point Road	
City East Providence	State RI	City Bristol	State RI
Zip 02915		Zip 02809	
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 Patrick T. Conley		Director Name Arlene Violet	
Street Address One Bristol Point Road		Street Address 49 County Road	
City Bristol	State RI	City Barrington	State RI
Zip 02809		Zip 02806	
Director Name Albert T. Klyberg		Director Name Gail C. Conley	
Street Address 1027 Lower River Road		Street Address One Bristol Point Road	
City Lincoln	State RI	City Bristol	State RI
Zip 02865		Zip 02809	
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

MAY 19 2014

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 or Authorized Representative

5/14/14

Date

Patrick T. Conley, President

Print or Type Name of Officer or Authorized Representative