



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000307878

2. Name of Corporation The Greater Providence Board of REALTORS Annual Charity Golf Classic

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 365 EDDY STREET
SUITE 1

City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO ESTABLISH A SEPARATE NON-PROFIT CORPORATION TO COLLECT AND
DISTRIBUTE CHARITABLE FUNDS FOR AN ANNUAL GOLF TOURNAMENT

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KARL MARTONE	696 DOUGLAS PIKE SMITHFIELD, RI 02917 USA
CEO	MICHELE L CAPRIO	365 EDDY STREET, SUITE 1

		PROVIDENCE, RI 02903 USA
DIRECTOR	DONALD B. COLETTI	10 RANGELEY ROAD CRANSTON, RI 02920 USA
DIRECTOR	DONNA ANDREWS	112 HAZARD AVENUE EAST PROVIDENCE, RI 02914 USA
DIRECTOR	KARL MARTONE	696 PUTNAM PIKE SMITHFIELD, RI 02917 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MICHELE L. CAPRIO 365 EDDY STREET PROVIDENCE , RI 02903

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 21 Day of May, 2014 at 4:07:45 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MICHELE CAPRIO
Signature of Authorized Person

Form No. 631
Revised 09/07

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