



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. 92679		2. Exact name of the Corporation Fantastic Sams Regional Advertising Fund, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island n/a			
5. Principal office address 50 Dunham Rd., Suite 3000		City Beverly		State MA	Zip 01915
7. LIST ALL OFFICERS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Allyson King		Vice-President Name n/a			
Street Address 50 Dunham Road, Suite 3000		Street Address			
City Beverly	State MA	Zip 01915	City	State	Zip
Secretary Name Ruth Swanson		Treasurer Name Robert Loffredo			
Street Address 50 Dunham Road, Suite 3000		Street Address 50 Dunham Road, Suite 3000			
City Beverly	State MA	Zip 01915	City Beverly	State MA	Zip 01915
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 Allyson King		Director Name Ruth Swanson			
Street Address 50 Dunham Road, Suite 3000		Street Address 50 Dunham Road, Suite 3000			
City Beverly	State MA	Zip 01915	City Beverly	State MA	Zip 01915
Director Name Robert Loffredo		Director Name			
Street Address 50 Dunham Road, Suite 3000		Street Address			
City Beverly	State MA	Zip 01915	City	State	Zip
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

BY

FILED

JUN 02 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

Date

Ruth A. Swanson

Print or Type Name of Officer or Authorized Representative