RI SOS Filing Number: 201440588710 Date: 06/04/2014 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.**

2014 JUN -4 PM 3:20 RECEIVED CORPORATIONS DIV.

1. Entity ID No.	2. Exact name of the Corporation
74393	**Rhode Island Romance Writers**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**To promote excellence in romantic fiction; to help writers become published**

5. Principal office address	City	State	Zip
Kenyon Hill Trail	**Wyoming**	**RI**	**02898**

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

President Name	Vice-President Name
Lynn Haberek	**Amanda Torrey**
Street Address: **Kenyon Hill Trail**	Street Address: **206 Main St.**
City: **Wyoming** State: **RI** Zip: **02898**	City: **Blackstone** State: **MA** Zip: **01504**
Secretary Name: **None**	Treasurer Name: **Blanche Marriott**
Street Address:	Street Address: **27 Woodland St.**
City: State: Zip:	City: **Lincoln** State: **RI** Zip: **02865**

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
Lynn Haberek	**Amanda Torrey**
Street Address: **Kenyon Hill Trail**	Street Address: **206 Main St.**
City: **Wyoming** State: **RI** Zip: **02898**	City: **Blackstone** State: **RI** Zip: **01504**
Director Name: **Blanche Marriott**	Director Name: **Gail Gilkey**
Street Address: **27 Woodland St.**	Street Address: **22 Hilltop Ave**
City: **Lincoln** State: **RI** Zip: **02865**	City: **Barrington** State: **RI** Zip: **02806**

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

FILED

JUN 0 4 2014

File Date _____

Check No _____ BY CK 225640

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Blanche Marriott — 6/1/14
Signature of Officer or Authorized Representative — Date

Blanche Marriott
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
107249-1-961767