



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

2014

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 26294		2. Exact name of the Corporation American Civil Liberties Union Foundation of Rhode Island			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To protect and defend civil liberties through educative and litigative means			
5. Principal office address 128 Dorrance Street, Suite 220		City Providence		State RI	Zip 02903
President Name Christine Lopes Metcalfe		Vice-President Name Carl E. Krueger			
Street Address 128 Dorrance Street, Suite 220		Street Address 128 Dorrance Street, Suite 220			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Jenn Steinfeld		Treasurer Name Carolyn Mannis			
Street Address 128 Dorrance Street, Suite 220		Street Address 128 Dorrance Street, Suite 220			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
Director Name Steven R. De Toy		Director Name Katherine Godin			
Street Address 128 Dorrance Street, Suite 220		Street Address 128 Dorrance Street, Suite 220			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Anne Mulready		Director Name			
Street Address 128 Dorrance Street, Suite 220		Street Address			
City Providence	State RI	Zip 02903	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
Checked by
NEW
(FOR SECRETARY OF STATE USE ONLY)

FILED

JUN 06 2014

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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 6/5/14

Carolyn Mannis
Print or Type Name of Officer or Authorized Representative