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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	2. Exact name of the Corporation
29572	**Southern R.I. 4-H Leaders Association Inc.**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**To conduct the 4-H Fair which is used to showcase 4-H projects that are completed throughout the year**

5. Principal office address	City	State	Zip
P.O. Box 1713	**Kingston**	**RI**	**02817**

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

President Name	Street Address	City	State	Zip
Stephen Salisbury	**41 Donald Potter Drive**	**West Greenwich**	**RI**	**02817**
Vice-President Name	**Street Address**	**City**	**State**	**Zip**
Anthony Patti	**150 Camp Westwood Rd.**	**Greene**	**RI**	**02827**
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Sammye Patti	**150 Camp Westwood Rd**	**Greene**	**RI**	**02827**
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Brenda Titus	**214 Plain Meeting House Rd.**	**West Greenwich**	**RI**	**02817**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Stephen Salisbury	**41 Donald Potter Drive**	**West Greenwich**	**RI**	**02817**
Director Name	**Street Address**	**City**	**State**	**Zip**
Kevin Breene	**21 D Victory Highway**	**West Greenwich**	**RI**	**02817**
Director Name	**Street Address**	**City**	**State**	**Zip**
Charlene Randall	**71 West Log Bridge Road**	**West Greenwichq**	**RI**	**02817**
Director Name	**Street Address**	**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 _____ FILED

Check No _____

By: _____ JUN 09 2014

FOR SECRETARY OF STATE USE ONLY BY 1345

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.

Stephen Salisbury 5/28/14

Signature of Officer or Authorized Representative Date

Stephen Salisbury, President

Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
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