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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
418991	RHODE ISLAND FESTIVALS INC.
3. State of Incorporation: RHODE ISLAND	4. Brief description of the character of business conducted in Rhode Island: To organize and maintain special events and festivals for purposes of funding charitable organizations that include but not limited to, providing information on underage drinking and driving and drug related problems.

5. Principal office address	City	State	Zip
130 Gano Street	Providence	RI	02906

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

President Name	Vice-President Name
Maury A. Ryan	
Street Address: 600 Cole Farm Road A-2	Street Address
City: Warwick, State: RI, Zip: 02889	City, State, Zip
Secretary Name: Leonor Glancy	Treasurer Name: Maury A. Ryan
Street Address: 36 Oakland Drive	Street Address: 600 Cole Farm Road A-2
City: West Warwick, State: RI, Zip: 02893	City: Warwick, State: RI, Zip: 02889

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
Maury A. Ryan	Mary Louise Ryan
Street Address: 600 Cole Farm Road A-2	Street Address: 600 Cole Farm Road A-2
City: Warwick, State: RI, Zip: 02889	City: Warwick, State: RI, Zip: 02889
Director Name: Leonor Glancy	Director Name
Street Address: 36 Oakland Drive	Street Address
City: West Warwick, State: RI, Zip: 02893	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

FILED
JUN 19 2014
BY 5100

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 6/18/2014

Maury A. Ryan, Pres.
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

108397-9-953251