



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. 000160108		2. Exact name of the Corporation The Rhode Island Flood Mitigation Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Promote education, policies and activities to mitigate physical, financial, and human costs associated with flooding and to protect natural benefits of floodplains			
5. Principal office address PO Box 14235		City East Providence	State RI	Zip 02914	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
President Name Jessica R. Stimson		Vice-President Name Samantha Richer			
Street Address c/o RIEMA, 645 New London Ave		Street Address c/o RIEMA, 645 New London Ave			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Joshua O'Neill		Treasurer Name Kelly Knee			
Street Address 45 Broad St		Street Address c/o RPS ASA 55 Village Square Drive			
City Cumberland	State RI	Zip 02864	City South Kingstown	State RI	Zip 02879
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 Peter Cusolito		Director Name Wayne Barnes			
Street Address c/o VHB 10 Dorrance St		Street Address c/o Planning Department, 145 Taunton Av			
City Providence	State RI	Zip 02903	City East Providence	State RI	Zip 02916
Director Name Jay Parker		Director Name Pam Rubinoff			
Street Address c/o Zoning, 45 Broad St		Street Address c/o Coastal Resources Center, 220 South Ferry Rd			
City Westerly	State RI	Zip 02891	City Narragansett	State RI	Zip 02882
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: _____ BY _____
FOR SECRETARY OF STATE USE ONLY

FILED
 JUN 23 2014
 1004

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 **6/1/2014**

Peter C. Cusolito
 Print or Type Name of Officer or Authorized Representative