



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000799933

2. Name of Corporation The Roosevelt Society

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 282 COUNTY ROAD

City or Town: BARRINGTON State: RI Zip: 02806 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

ADVANCING FISCALLY AND SOCIALLY RESPONSIBLE IDEALS IN POLITICS AND PUBLIC POLICY FOR THE BENEFIT OF ALL RHODE ISLANDERS THROUGH INCREASED PUBLIC AWARENESS AN ACTIVISM IN GOVERNMENT AND RELATED ACTIVITIES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
INCORPORATOR	BARBARA ANN FENTON	8 DENNISON STREET NEWPORT, RI 02840 USA

DIRECTOR	BARBARA ANN FENTON	8 DENNISON STREET NEWPORT, RI 02840 USA
DIRECTOR	DANIEL S. HARROP, MD	PO BOX 603364 PROVIDENCE, RI 02906 USA
DIRECTOR	TARA PINSKY	560 COLE AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	EILEEN GROSSMAN	84 SOUTH HILL DRIVE CRANSTON, RI 02920 USA
DIRECTOR	ELIZABETH O SMITH	50 DIVISION ROAD EAST GREENWICH, RI 02818 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ROBERT J. COUPE, ESQ. 282 COUNTY ROAD, SUITE 2 BARRINGTON , RI 02806

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 30 Day of June, 2014 at 1:22:56 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By GIOVANNI D CICIONE ESQ
Signature of Authorized Person

Form No. 631
Revised 09/07

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