



**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. 000555701

2. Name of Corporation Libertarian Party of Rhode Island

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 5600 POST ROAD, SUITE 144/255

City or Town: EAST GREENWICH

State: RI Zip: 02818 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

TO DONDUCT THE AFFAIRS OF THE LIBERTARIAN PARTY OF RHODE ISLAND

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	ELIZABETH V RICHARDSON	500 CAROLINA BACK RD. CHARLESTOWN, RI 02813 US
SECRETARY	DUANE HORTON	74 WILLOW LANE PORTSMOUTH, RI 02871 US
DIRECTOR	MICHAEL J ROLLINS	1800 DOUGLAS AVE., APT. 304

DIRECTOR

TONY JONES

NORTH PROVIDENCE, RI 02904 USA

95 QUEEN ST.
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

TONY JONES 5600 POST ROAD, SUITE 144/255 EAST GREENWICH , RI 02818

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

Signed this 8 Day of July, 2014 at 10:20:58 AM 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 ELIZABETH RICHARDSON
Signature of Authorized Person

Form No. 631
Revised 09/07

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