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

2014 JUL 31 PM 3:50 SECRETARY OF STATE CORPORATIONS DIV.

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
522039	**PL-AIDS PROJECT (PARTNERS IN LEARNING ABOUT AIDS PROJECT)**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	**ADVOCACY AND PREVENTION ORGANIZATION THAT SEEKS TO REDUCE THE SPREAD OF HIS/AIDS AND FOCUSES HEAVILY ON THE DEVELOPMENT AND RPOMOTION OF BIOMEDICAL HIV PREVENTION STRATEGIES**

5. Principal office address	City	State	Zip
PO BOX 2459	**PROVIDENCE**	**RI**	**02906**

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

President Name	Street Address	City	State	Zip
GAVIN MYERS	**PO BOX 2459**	**PROVIDENCE**	**RI**	**02906**

Vice-President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
JONATHAN SUNG	**2 CARRIAGE DRIVE**	**LINCOLN**	**RI**	**02865**

Treasurer Name	Street Address	City	State	Zip
HAN-WOONG LEE	**69 BROWN STREET, BOX 8061**	**PROVIDENCE**	**RI**	**02912**

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
GAVIN MYERS	**PO BOX 2459**	**PROVIDENCE**	**RI**	**02906**

Director Name	Street Address	City	State	Zip
JONATHAN SUNG	**2 CARRIAGE DRIVE**	**LINCOLN**	**RI**	**02865**

Director Name	Street Address	City	State	Zip
HAROLD COLERIDGE	**501 LEXINTON STREET, APT 54**	**WALTHAM**	**MA**	**02452**

Director Name	Street Address	City	State	Zip
HAN-WOONG LEE	**69 BROWN STREET, BOX 8061**	**PROVIDENCE**	**RI**	**02912**

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
JUL 31 2014
BY KL 209609
3:50

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.

Miriam A. Ross — **7/31/2014**
Signature of Officer or Authorized Representative — Date

MIRIAM A. ROSS, ESQ., REGISTERED AGENT
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
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