



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.** 000038339

**2. Name of Corporation** RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 1800 POST ROAD, SUITE 17-1

City or Town: WARWICK

State: RI Zip: 02886 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**

DUTIES GRANTED TO STATE POLITICAL COMMITTEES BY LAW.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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
PRESIDENT	MARK SMILEY	14 EVIE DRIVE WARREN, RI 02885 USA
DIRECTOR	DAVE TALAN	25 SANTIAGO STREET PROVIDENCE, RI 02907 USA
DIRECTOR	DANNY HALL	176 LEWISTON STREET

DIRECTOR	RAYMOND MCKAY	WARWICK, RI 02889 USA 19 BAKERS CREEK ROAD WARWICK, RI 02886 USA
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**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**

MATTHEW FUBISCH, ESQ. 1800 POST ROAD, SUITE 17-I WARWICK , RI 02886

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

*Signed this 1 Day of August, 2014 at 11:23:22 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 ROBERT A. PAQUIN, III  
Signature of Authorized Person

Form No. 631  
Revised 09/07