



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. 000796856		2. Exact name of the Corporation Rhode Island Eating Disorder Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island PROMOTING AWARENESS ADVOCACY AND PREVENTION OF EATING DISORDERS IN RI			
5. Principal office address 989 Reservoir Ave - Suite 101			City Cranston	State RI	Zip 02910
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Stacey Arruda-Tracy			Vice-President Name Maryellen Volpicelli		
Street Address 989 Reservoir Ave Suite 101			Street Address PO BOX 375		
City Cranston	State RI	Zip 02910	City Hope	State RI	Zip 02831
Secretary Name Susan Costa			Treasurer Name Susan Costa		
Street Address 131 Gibson Rd			Street Address 131 Gibson RD		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
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 Stacey Arruda-Tracy			Director Name Maryellen Volpicelli		
Street Address 989 Reservoir Ave Suite 101			Street Address PO BOX 375		
City Cranston	State RI	Zip 02910	City Hope	State RI	Zip 02831
Director Name Susan Costa			Director Name Rhonda McMichael		
Street Address 131 Gibson Rd			Street Address 989 Reservoir Ave- Suite 101		
City Briston	State RI	Zip 02809	City Cranston	State RI	Zip 02910
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, **FILED** President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

AUG 21 2014

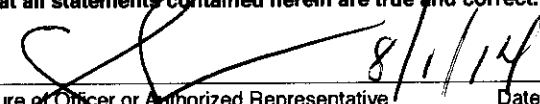
File Date _____ **BY 1009**

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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 **8/1/14**

Stacey Arruda-Tracy
 Print or Type Name of Officer or Authorized Representative