

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.	2. Exact name of the Corporation						
118883	AIA RI Architectural Forum						
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island						
RI	To support the study of architecture, to promote the preservation of historical architecture and raise community awareness of architecture in the community.						
5. Principal office address P.O. Box 6226			City 02904	State Zip		=	
ELISPACEOFFICERS (NAM	ES AND ADDRI	SSES) ("X" BOX FOR	ATTACHMENT				
President Name			Vice-President Name			ᄶ	
Douglas Kallfelsz, Unio	n Studio Arc	hitecture	Michael Warner	Michael Warner Street Address 648 Elmwood Avenue			
Street Address 140 Union Street						À	
City	State	Zip	City	State	Zip	**	
Providence	RI	02903	Providence	RI	02907		
Secretary Name Patricia Germani, Herm	an Miller		Treasurer Name Cynthia Gerlach, Robin	nson Green Be	eretta Corp.		
Street Address 10 Mutual Piace	• • • • • • • • • • • • • • • • • • • •			Street Address 50 Holden Street			
City	State	Zip	City	State	Zip		
Providence	RI	02906	Providence	RI	0290	(-) 	
ALIST ALE DIRECTORS (NA	MES AND ADD	HESSESHERHOOM: ISLEA	AD GORPORATIONS MUSTEUS	T NO LESS THAN	THREE (3) PAR	ECTORS	
。 第一章		7.5					
Director Name	V3012 212-	Σ.	Director Name		Ç.,		
Stephen White, Roger V Street Address	viniams UNIV	ersity	Cynthia Gerlach, Robin	nson Green Be	retta Corp.	70 ::: 	
One Old Ferry Road			Street Address 50 Holden Street			<u> </u>	
City Bristoi	State RI	Zip	City	State	Zip –≛.	Ŝ	
Director Name	ru C	02809	Providence	RI	02908		
Douglas Kalltely		Director Name Michael Warner = <			NE E		
Street Address J UNIU	n st	/	Street Address UMU	160d A	we		
Providence	State	2009B	on Providence	e State	ZipOV	107	
BREGISTEREPAGENTINHI							
his information is currently o	of record in the	Office of the Secretary	of State. Changes require filing	Form 641.			
his report must be signed by ei	ther the Presiden	rt, Vice-President, Secret	ary, Assistant Secretary, Treasure	r, duly Authorized F	Representative, F	Receiver	

File (A)		Under penalty of perjury, I declare and affirm this report, including any accompanying sched		
		and that all statements contained herein are true	and correct.	
- Ginc. (No.	EII FDC	1 48776	7.29.201	
Section 1	FILED	Signature of Officer or Authorized Begresentative	Date	
FOR SECRETARY OF STATE USE ONLY	SEP 1 2 2014	Douglas Kalifelsz, President		

Form No. 631 Revised: 04/2014 Print or Type Name of Officer or Authorized Representative

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