



**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. <b>93245</b>		2. Exact name of the Corporation <b>Washington County Chamber of Commerce</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>To provide information to the community through radio</b>			
5. Principal office address			City	State	Zip
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Christopher Thomas DiPaola</b>			Vice-President Name <b>Thomas Paul DiPaola</b>		
Street Address <b>25 Dayton Street</b>			Street Address <b>197 A Main Street</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Ashaway</b>	State <b>RI</b>	Zip <b>02804</b>
Secretary Name <b>Jaime DiPaola</b>			Treasurer Name <b>Nadine DiPaola</b>		
Street Address <b>197 A Main Street</b>			Street Address <b>197 A Main Street</b>		
City <b>Ashaway</b>	State <b>RI</b>	Zip <b>02804</b>	City <b>Ashaway</b>	State <b>RI</b>	Zip <b>02804</b>
<b>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"/></b>					
Director Name <b>Christopher Thomas DiPaola</b>			Director Name <b>Thomas Paul DiPaola</b>		
Street Address <b>25 Dayton Street</b>			Street Address <b>197 A Main Street</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Ashaway</b>	State <b>RI</b>	Zip <b>02804</b>
Director Name <b>Jaime DiPaola</b>			Director Name		
Street Address <b>197 A Main Street</b>			Street Address		
City <b>Ashaway</b>	State <b>RI</b>	Zip <b>02804</b>	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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

BY \_\_\_\_\_

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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 **12/12/14**

**Christopher DiPaola**

Print or Type Name of Officer or Authorized Representative