



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 2015

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. 138314		2. Exact name of the Corporation CODEC INTERNATIONAL CORPORATION			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island To educate, preach, teach develop people and their communities by using available human resources to produce and cause people to be self-dependent.			
5. Principal office address 275 Reservoir Avenue		City Providence		State RI	Zip 02907
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jean Gerard Rhau		Vice-President Name Harry P. Rhau			
Street Address 384 Union Avenue		Street Address 384 Union Avenue			
City Cranston	State RI	Zip 02909	City Cranston	State RI	Zip 02909
Secretary Name Michelle Rhau		Treasurer Name Michelle Rhau			
Street Address 384 Union Avenue		Street Address 384 Union Avenue			
City Cranston	State RI	Zip 02909	City Cranston	State RI	Zip 02909
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 Jean Rhau		Director Name Harry P. Rhau			
Street Address 384 Union Avenue		Street Address 384 Union Avenue			
City Cranston	State RI	Zip 02909	City Cranston	State RI	Zip 02909
Director Name Joseph Pajotte		Director Name Vallerie Georges			
Street Address 29 Bristol Avenue		Street Address 713 Dyer Avenue			
City Providence	State RI	Zip 02909	City Cranston	State RI	Zip 02920
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

FILED

MAY 01 2015

File Date _____

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

Jean Gerard Rhau

Print or Type Name of Officer or Authorized Representative