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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.	2. Exact name of the Corporation
990321	**GMIS International**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	**Professional organization for technologists in the government and K-20 space**

5. Principal office address	City	State	Zip
24 River Street	**Cranston**	**RI**	**02905**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Wendy Schmidle	**65 Jefferson Drive**	**East Greenwich**	**RI**	**02818**
Vice-President Name	**Street Address**	**City**	**State**	**Zip**
Lori-Ann Fox	**24 River Street**	**Cranston**	**RI**	**02905**
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Denise Potvin	**85 Glendale Meadow Lane**	**Harrisville**	**RI**	**02830**
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Edward Pienkos	**1245 Hill Road**	**Pascoag**	**RI**	**02859**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Wendy Schmidle	**65 Jefferson Drive**	**East Greenwich**	**RI**	**02818**
Director Name	**Street Address**	**City**	**State**	**Zip**
Lori-Ann Fox	**24 River Street**	**Cranston**	**RI**	**02905**
Director Name	**Street Address**	**City**	**State**	**Zip**
Denise Potvin	**85 Glendale Meadow Lane**	**Harrisville**	**RI**	**02830**
Director Name	**Street Address**	**City**	**State**	**Zip**
Edward Pienkos	**1245 Hill Road**	**Pascoag**	**RI**	**02859**

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
MAY 04 2015
BY 5816

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.

Lori Ann Fox — 5/1/2015
Signature of Officer or Authorized Representative — Date

Lori-Ann Fox, Vice President
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
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