



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. 796298		2. Exact name of the Corporation RI Future	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island progressive ^{people's} news and opinion website	
5. Principal office address 225 Shady Lee Rd		City North Kingstown	State RI
		Zip 02852	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Robert Phin		Vice-President Name	
Street Address 225 Shady Lee Rd		Street Address	
City North Kingstown	State RI	City	State
Zip 02852		Zip	
Secretary Name Steve Ahlquist		Treasurer Name	
Street Address 26 Ogden St		Street Address	
City Providence	State RI	City	State
Zip 02906		Zip	
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 Robert Phin		Director Name Gus Vint	
Street Address 225 Shady Lee Rd		Street Address 44 Tolley Rd	
City North Kingstown	State RI	City Cumberland	State RI
Zip 02852		Zip 02864	
Director Name Steve Ahlquist		Director Name	
Street Address 26 Ogden St		Street Address	
City Providence	State RI	City	State
Zip 02906		Zip	
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: _____

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: [Signature] Date: 5/20/15

FILED

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Print or Type Name of Officer or Authorized Representative: Robert S Phin

BY: [Signature] 249404