



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Non-Profit Corporation  
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000051576

2. Name of Corporation Rhode Island Association for Justice PAC

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 400 RESERVOIR AVENUE

City or Town: PROVIDENCE

State: RI Zip: 02907 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO WORK TOWARD THE PASSAGE OF LEGISLATION BENEFICIAL TO THE CONSUMERS OF RHODE ISLAND

7. Names and Addresses of the Officers and Directors:

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23*

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	VINCENT GREENE	321 SO. MAIN ST. PROVIDENCE, RI 02903 USA
SECRETARY	ZACHARY MANDELL	1 PARK ROW PROVIDENCE, RI 02903 USA

VICE PRESIDENT	GIL BIANCHI	56 PINE STREET PROVIDENCE, RI 02903 USA
DIRECTOR	HENRY MONTI ESQ	231 RESERVOIR AVE. PROVIDENCE, RI 02907 USA
DIRECTOR	ANTHONY LEONE ESQ	1345 JEFFERSON BLVD. WARWICK, RI 02886 USA
DIRECTOR	LISA A. ST. PIERRE	400 RESERVOIR AVE., SUITE 3A PROVIDENCE, RI 02907 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

LISA A. ST. PIERRE 400 RESERVOIR AVENUE, SUITE 3A PROVIDENCE , RI 02907

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 26 Day of May, 2015 at 11:55:10 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By LISA ST. PIERRE  
Signature of Authorized Person

Form No. 631  
Revised 09/07