



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. 69814		2. Exact name of the Corporation AUTO RECYCLERS ASSOCIATION OF RHODE ISLAND			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island TO PROVIDE COMMUNICATIONS EDUCATION AND ASSISTANCE TO LICENSED SALVAGE YARDS IN RHODE ISLAND			
5. Principal office address 950 SMITHFIELD RD,		City NO. PROV	State RI	Zip 02904	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DANIEL N. TURCOTTE		Vice-President Name HARRY HALL			
Street Address 950 SMITHFIELD ROAD		Street Address 56 PLAINFIELD PIKE			
City NO. PROV	State RI	Zip 02904	City NO. SCITUATE	State RI	Zip 02857
Secretary Name LARRY LEFEBVRE		Treasurer Name DANIEL N. TURCOTTE			
Street Address 5 MADISON AVENUE		Street Address 950 SMITHFIELD RD			
City WOONSOCKET	State RI	Zip	City NO. PROV	State RI	Zip 02904
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> SEE AT					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	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: _____

FOR SECRETARY OF STATE USE ONLY

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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.

Daniel N. Turcotte **6-15-15**
 Signature of Officer or Authorized Representative Date

DANIEL N. TURCOTTE
 Print or Type Name of Officer or Authorized Representative

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SECTION 7. LIST OF ALL DIRECTORS' NAMES AND ADDRESSES

1. ROBERT PELLAND, 381 Huntington Avenue, Providence, RI 02909
2. MICHAEL CAVANAUGH, 1 Bridal Avenue, West Warwick, RI 02893
3. HARRY HALL, 56 Plainfield Pike, No. Scituate, RI 02857
4. LARRY LEFEBVRE, 5 Madison Avenue, Woonsocket, RI 02895
5. DANIEL TURCOTTE, 950 Smithfield Road, No. Providence, RI 02904

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