RI SOS Filing Number: 201563571280 Date: 06/19/2015 4:00 PM

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
67872	THE RHODE ISLAND VOICE LINE
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: PROMOTE INSTANT COMMUNICATIONS BETWEEN YARDS IN RHODE ISLAND

5. Principal office address	City	State	Zip
950 SMITHFIELD ROAD	NO. PROV	RI	02904

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

President Name	Street Address	City	State	Zip
DANIEL TURCOTTE	950 SMITHFIELD ROAD	NO. PROV	RI	02904

Vice-President Name	Street Address	City	State	Zip
HARRY HALL	56 PLAINFIELD PIKE	NO. SCITUATE	RI	02857

Secretary Name	Street Address	City	State	Zip
LARRY LEFEBVRE	5 MADISON AVENUE	WOONSOCKET	RI	02895

Treasurer Name	Street Address	City	State	Zip
DANIEL N. TURCOTTE	950 SMITHFIELD Rd.	NO. PROV	RI	02904

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

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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

FILED
JUN 19 2015
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.

Daniel Turcotte 6-16-16
Signature of Officer or Authorized Representative Date

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

Form No. 631
Revised 04/2014
122181-7-1044419

Rhode Island Voice Line, Inc.

NON-PROFIT CORPORATION ANNUAL REPORT FO THE YEAR 2015

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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JUN 19 2015

BY #1313