

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 C				OR THE	YEAR	261	Ψ
Filing Period: June 1 - Ju Filing Fee: \$20.00 • FAIL	ine 30 • This re URE TO FILE 1	port must be typed THIS REPORT BY J	or printed legibly. ULY 30 WILL RESUL	T IN A \$25.00	PENALTY F	FEE. 23	S. C.
1, Entity ID No.	2. Exact name o						
066029792	Rhode Island Commodore				'S	JUN 2	
3. State of Incorporation			usiness conducted in Rh				<u>ترجر</u> <u>المارات</u>
R.I						PH 2	0 S NO
		Sule 101	City Provide	ence	State RI	Zip 5	>8 r
6: LIST ALL OFFICERS (NAMES President Name		ES) ("X" BOX FOR A)	Vice-President Name	erani periodica	AND THE		SAS SEA
Colin P. K	<i>(ane</i>			fan Pri	40°		
Street Address Zo Neww	nan Ave		Street Address	te House	,		
East Providence Secretary Name	State RI	02916	City Provider	1Ce	State RI	2ip 0 290	33
David Deferrillo Street Address			Treasurer Name Ha Street Address	rry B	paird	-	
315 Iron Horse Way Suite 101			409 West Reach Dr.				
Providence	State	02908	City Jamesta	own	State	Zip 028	
7. LIST <u>ALL</u> DIRECTORS (NAME ("X" BOX FOR ATTACHMENT)	S AND ADDRES	SES). RHODE ISLANI	CORPORATIONS MU	<u>ist</u> list no l	ESS THAN TH	IREE (3) DIR	ECTORS
Director Name			Director Name				Brill Beiji
Street Address			Street Address				
	State	Zip	City		State	Zip	•
Director Name			Director Name				
Street Address		<u> </u>	Street Address				
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8 REGISTERED AGENT IN RHOD	and the same of the same of the same of the same of					90-50-01-01-0	and an institution of
This information is currently of re	cord in the Offic	e of the Secretary of	State. Changes requir	e filing Form 6	41.		
This report must be signed by either or Trustee	the President, Vi	ce-President, Secretar	v, Assistant Secretary, T.	reasurer, duly A	uthorized Rep	resentative, F	Receiver
File Date		FILED	Under penalty of pe this report, includir and that all stateme	erjury, I declare	e and affirm the	nat I have exa Jules and sta	amined tements,
Check No		JUN 26 201	- Auried	(der	étrelle	6/27/	 15
FOR SECRETARY OF STATE US	BY_	Ca-25/77	2 Signature of Officer of	or Authorized Re	epresentative	Da	ite
orm No. 631	Maria de la composición del composición de la co	2.'5	Print or Type Name of	C Del	etrill a)	

Form No. 631 Revised: 04/2014

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