

## 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 (	CORPORA	TION ANNUA	L REPORT FOR TH	E YEAR _	2002
Filing Period: June 1 - 6 Filing Fee: \$20.00 • FAI			or printed legibly. ULY 30 WILL RESULT IN A \$25.	00 PENALTY F	<b>2015</b> 000 000 000 000 000 000 000 000 000 0
1, Entity ID No.	2. Exact name o	f the Corporation	· · · · · · · · · · · · · · · · · · ·		
066029792	R	Rhode Island Commodores			
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode				<b>3</b> 99
R.I					H 2: 4
5. Principal office address 315 Iron H	orse Way	Sule 101	City Providence	State RT	Zip - rn 02908
6. LIST ALL OFFICERS (NAME	S AND ADDRESS	ES) ("X" BOX FOR AT	TACHMENT)	daya aras	电电极电路电视电路
President Name Colin P. Kane			Vice-President Name  Stefan Pryor		
Street Address  20 Newman Ave			Street Address State House		
City East Providence	State RT	02916	City Providence	State RI	02903
Secretary Name David Deferrillo Street Address			Treasurer Name Harry	Baird	
315 Iron Horse Way Suite 101			Street Address 409 West Reach Dr.		
City Providence	State	Zip 02908	City Jamestown	State	Zip 02835
7. LIST <u>ALL</u> DIRECTORS (NAM	ES AND ADDRES	SES). RHODE ISLANI	D CORPORATIONS <u>MUST</u> LIST NO	LESS THAN T	IREE (3) DIRECTORS
("X" BOX FOR ATTACHMENT)			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 RH	DDE ISLAND	L grafication which is a contraction		3047-611 <b>4</b> 5-72432-746	
This information is currently of	record in the Off		State. Changes require filing For		e per a real participation de montre de la materia magazi (1970) (ME.
This report must be signed by eith or Trustee	ner the President, V	fice-President, Secretar	ry, Assistant Secretary, Treasurer, du	ly Authorized Rep	presentative, Receiver
	SETTERFERENCE LENY PC	FILED	- Under penalty of perjury, I dec	lara and affirm t	hat I hayo everning d
File Date:		JUN 2 6 2015	this report, including any account that all statements contain	mpanying sche	dules and statements
Check No			1 11		

Print or Type Name of Officer or Authorized Representative

Form No. 631 Revised: 04/2014

FOR SECRETARY OF STATE USE ONLY

## Rhode Island Commodores - 2015 Board of Governors

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Commerce

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