



**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.** 000788313

**2. Name of Corporation** QuahogCon

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 321 SOUTH MAIN STREET, 5TH FLOOR

City or Town: PROVIDENCE

State: RI Zip: 02903 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 ADVANCE EDUCATION AND SCIENTIFIC RESEARCH IN INFORMATION SECURITY AND INDEPENDENT MANUFACTURING

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	DAVID JOHNSON	490 W FOUNTAIN ST PROVIDENCE, RI 02903 USA
VICE PRESIDENT	CONRAD CONSTANTINE	5 VALLEY DR JOHNSTON, RI 02919 USA

SECRETARY-TREASURER	MICHAEL S BILOW	PO BOX 9199 PROVIDENCE, RI 02940 USA
DIRECTOR	MICHAEL S BILOW	PO BOX 9199 PROVIDENCE, RI 02940 USA
DIRECTOR	CONRAD CONSTANTINE	5 VALLEY DR JOHNSTON, RI 02919 USA
DIRECTOR	DAVID JOHNSON	490 W FOUNTAIN ST PROVIDENCE, RI 02903 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**

NEVILLE BEDFORD, ESQ. 321 SOUTH MAIN STREET, 5TH FLOOR PROVIDENCE , RI 02903

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

**Signed this 30 Day of June, 2015 at 3:23:00 PM 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 MICHAEL S. BILOW  
Signature of Authorized Person

Form No. 631  
Revised 09/07