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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
82524	RHODE ISLAND SOUTHEASTERN MASS CHAPTER, NATIONAL TOOLING & MACHINING ASSOC.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	TO PROVIDE FOR THE WEFARE OF ITS MEMBERS AND THE INDUSTRY BY ANY LAWFUL MOVEMENT OF ENTERPRISE.

5. Principal office address	City	State	Zip
10 PIKE STREET	WEST WARWICK	RI	02893

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

President Name	Vice-President Name
CHUCK PAULL	NONE
Street Address	Street Address
10 PIKE ST	
City / State / Zip	City / State / Zip
WEST WARWICK / RI / 02893	
Secretary Name	Treasurer Name
NONE	NONE
Street Address	Street Address
City / State / Zip	City / State / Zip

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
DAVID BRYON	CHUCK PAULL
Street Address	Street Address
24 MORGAN HILL ROAD	10 PIKE ST
City / State / Zip	City / State / Zip
JOHNSTON / RI / 02919	WEST WARWICK / RI / 02893
Director Name	Director Name
ROGER GUILLEMETTE	
Street Address	Street Address
10 PIKE ST	
City / State / Zip	City / State / Zip
WEST WARWICK / RI / 02893	

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

FILED
JUL 02 2015
BY 1424

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer or Authorized Representative — Date: 5-29-15

CHUCK PAULL
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
122653-5-1044127