



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. <u>788091</u>		2. Exact name of the Corporation <u>R.I. DOT WATCH INC.</u>	
3. State of Incorporation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>A Transportation Advocacy Organization for R.I.</u>	
5. Principal office address <u>481 Post Rd.</u>		City <u>Wakefield</u>	State <u>RI</u>
		Zip <u>02879</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Robert B. Votava</u>		Vice-President Name <u>TROY Nest</u>	
Street Address <u>481 Post Rd.</u>		Street Address <u>259 Greenhill Beach Rd.</u>	
City <u>Wakefield</u>	State <u>RI</u>	City <u>Wakefield</u>	State <u>RI</u>
Zip <u>02879</u>		Zip <u>02879</u>	
Secretary Name <u>SANDY McCAW</u>		Treasurer Name <u>SUSAN MARCUS</u>	
Street Address <u>57 Granville Court #3301</u>		Street Address <u>480 B Post Rd.</u>	
City <u>Wakefield</u>	State <u>RI</u>	City <u>Wakefield</u>	State <u>RI</u>
Zip <u>02879</u>		Zip <u>02879</u>	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>BARRY Schiller</u>		Director Name <u>Grant Dulgarian</u>	
Street Address <u>76 Sunset Ave.</u>		Street Address <u>835 Westminster St.</u>	
City <u>North Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02911</u>		Zip <u>02903</u>	
Director Name <u>MARY Shepard</u>		Director Name	
Street Address <u>10 Porter Ave.</u>		Street Address	
City <u>MiddleTown</u>	State <u>RI</u>	City	State
Zip <u>02842</u>		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: _____
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 BY 265

FILED
 JUL 08 2015

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.

Robert B. Votava 7/6/15
 Signature of Officer or Authorized Representative Date

Robert B. Votava
 Print or Type Name of Officer or Authorized Representative
President & Executive Director