



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. 000026821		2. Exact name of the Corporation Associated Radio Amateurs of Southern New England, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Promote interest in and the development of amateur radio			
5. Principal office address 54 Kelley Avenue		City East Providence	State RI	Zip 02916	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Douglas Troughton		Vice-President Name Martin Dean Chapman			
Street Address 17 Joyce Ann Drive		Street Address 41 Pheasant Ridge Road			
City Manville	State RI	Zip 02838	City Seekonk	State MA	Zip 02771
Secretary Name Tyler M. Turcotte		Treasurer Name Robert L. Allen, Jr.			
Street Address 17 Tullson Avenue		Street Address 38 Tullson Avenue			
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
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 Tyler M. Turcotte		Director Name Martin Dean Chapman			
Street Address 17 Tullson Avenue		Street Address 41 Pheasant Ridge Road			
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Director Name Robert L. Allen, Jr.		Director Name Douglas Troughton			
Street Address 38 Tullson Avenue		Street Address 17 Joyce Ann Drive			
City Seekonk	State MA	Zip 02771	City Manville	State RI	Zip 02838
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: _____
FOR SECRETARY OF STATE USE ONLY

FILED
 JUL 13 2015
 3020

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 L. Allen, Jr. 7/8/15
 Signature of Officer or Authorized Representative Date

ROBERT L. ALLEN JR
 Print or Type Name of Officer or Authorized Representative