



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. 000093245

2. Name of Corporation Washington County Chamber of Commerce

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 58 B HIGH STREET

City or Town: WESTERLY

State: RI

Zip: 02891

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: PO BOX 2175, 25 DAYTON ST

City or Town: WESTERLY

State: RI

Zip: 02891

Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROVIDE THE NORTHEAST WITH A NEW INFORMATION RESOURCE ON NON
COMMERCIAL FM RADIO ONLY

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
PRESIDENT	CHRISTOPHER DIPAOLA	25 DAYTON STREET WESTERLY, RI 02891 USA
SECRETARY/TREASURER	THOMAS PAUL DIPAOLA	197 A MAIN STREET ASHAWAY, RI 02804 USA

DIRECTOR	JAIME DIPAOLA	197 A MAIN STREET ASHAWAY, RI 02804 USA
DIRECTOR	NADINE EDITH DIPAOLA	197 A MAIN STREET ASHAWAY, RI 02804 USA
DIRECTOR	CHRISTOPHER THOMAS DIPAOLA	PO BOX 2175 WESTERLY, RI 02891 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**

CHRISTOPHER DIPAOLA 58-B HIGH STREET WESTERLY , RI 02891

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

Signed this 20 Day of July, 2015 at 3:33:33 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 NADINE DIPAOLA
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2015 State of Rhode Island and Providence Plantations
All Rights Reserved