



**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.** 000150365

**2. Name of Corporation** Ocean State Adult Immunization Coalition

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 2013 MENDON ROAD, SUITE 3-153

City or Town: CUMBERLAND

State: RI Zip: 02864 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 REDUCE MORTALITY AND MORBIDITY ASSOCIATED WITH VACCINE-PREVENTABLE DISEASES AMONG ADULTS THROUGH MEDICAL PROVIDER INITIATIVES, DEVELOPMENT AND IMPLEMENTATION OF PUBLIC EDUCATION IMMUNIZATION CAMPAIGNS

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	RICHARD WILLIAM RADEBACH	2077 EAST MAIN RD PORTSMOUTH, RI 02871 USA

DIRECTOR	SUSAN M SHEPARDSON	450 ROCK ST, UNIT 9 FALL RIVER, MA 02720 USA
DIRECTOR	DONNA B DUBE	52 POUND RD CUMBERLAND, RI 02864 USA
DIRECTOR	MARY T FALVEY	4 ELIZABETH RD BARRINGTON, RI 02806 USA
PRESIDENT	RICHARD WILLIAM RADEBACH	2077 EAST MAIN ROAD PORTSMOUTH, RI 02871 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**

HASLAW, INC. HINCKLEY, ALLEN & SNYDER LLP 50 KENNEDY PLAZA, SUITE 1500 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 July, 2015 at 7:53:44 AM 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 RICHARD W. RADEBACH  
Signature of Authorized Person

Form No. 631  
Revised 09/07