



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. 000954854		2. Exact name of the Corporation RHODE ISLAND WRITERS COLONY			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island SUPPORT FOR WRITERS			
5. Principal office address 64 BRIDGE STREET		City WARREN	State RI	Zip 02885	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JOHN STEPHENSON			Vice-President Name VACANT		
Street Address 64 BRIDGE STREET			Street Address		
City WARREN	State RI	Zip 02885	City	State	Zip
Secretary Name BROOK STEPHENSON			Treasurer Name JOHN STEPHENSON		
Street Address 879 STERLING PLACE			Street Address SEE ABOVE		
City Brooklyn	State NY	Zip 11216	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) <input type="checkbox"/>					
Director Name JOHN STEPHENSON			Director Name BROOK STEPHENSON		
Street Address SEE ABOVE			Street Address 879 STERLING PLACE		
City	State	Zip	City Brooklyn	State NY	Zip 11216
Director Name DANIEL STEPHENSON			Director Name		
Street Address 18400 FAIRFIELD			Street Address		
City DETROIT	State MI	Zip 48221	City	State	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: _____

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

11-1-15

Print or Type Name of Officer or Authorized Representative

FILED
DEC 09 2015
By 262851
A.A.