



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

**FILED**  
DEC 09 2015  
By **262851**  
**A.A.**

**John Stephenson**  
Print or Type Name of Officer or Authorized Representative