

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.	2. Exact na	2. Exact name of the Corporation				
000026949	The Exe	The Executives Association of Rhode Island				
3. State of Incorporation	Busines	4. Brief description of the character of business conducted in Rhode Island Business networking organization of business owners and decision makers to exchange information and business generation				
5. Principal office address 1643 Warwick Avenue			City Warwick	State RI	Zip 02889	
President Name Dave Ruggieri Street Address			Vice-President Name Jay Benson Street Address		MAY PARETO	
1643 Warwick Avenue City Warwick	State RI	Zip 02889	1643 Warwick Avenu City Warwick	State	Zip-D 295	
Secretary Name Deborah Corriea		02003	Treasurer Name Jason Marinelli	IN	F. 2	
Street Address 1643 Warwick Avenue		Street Address 1643 Warwick Avenue				
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889	
7. LIST ALL DIRECTORS (N ("X" BOX FOR ATTACHN		RESSES) RIGOERS		ETTIMORETO TIM	ការមានស្វាក្រាមខណ្ឌនា របស់	
Director Name Robin Erban			Director Name Kevin LeBlanc			
Street Address 1643 Warwick Avenue			Street Address 1643 Warwick Avenu			
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889	
Director Name Lisa Shorr			Director Name Nancy Thomas			
Street Address <mark>1643 Warwick Avenue</mark>	•		Street Address 1643 Warwick Avenu	16		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889	
8. REGISTERED AGENT IN This information is currenti		TO A THE STREET PRINTED CONSTRUCTION OF STREET PRINTED CONTROL	ary of State. Changes require fili	ng Form 641.		

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

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File Date		La companya di sanggara di	
Check No			
Ву:			د د د ان ک
FOR SEC	RETARY OF	STATE US	E ONLY

MAY 1 7 2016

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.

2-11-16 Date

Signature of Officer or Authorized Representative

Jack Hutson - Executive Director

Print or Type Name of Officer or Authorized Representative

Form No. 631 Revised: 04/2014