

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 2007

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.		ne of the Corporation				
000026949	The Exec	cutives Associati	on of Rhode Island			
3. State of Incorporation	4. Brief desc	cription of the characte	r of business conducted in Rhode Island			· ·
	Busines	s networking org	anization of business owners a	and decision	n makers to	
RI	exchang	e information an	d business generation			
5. Principal office address 1643 Warwick Avenue			City Warwick	State RI	Zip 02889	
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President Name Michael Sarenson			Vice-President Name Steven LaBush			
			Street Address		<u>_</u>	(A) (A)
Street Address 1643 Warwick Avenue			1643 Warwick Avenue		717	-93-
				State	Zip	<u> </u>
City Warwick	RI	Zip 02889	City Warwick	RI	02889	<u>`</u> ∋₹?
	KI	02009	Treasurer Name	KI	020031	7-21
Secretary Name Brent Wyrostek			Cheryl LaBanca		P	_35
Street Address			Street Address			200 C
1643 Warwick Avenue			1643 Warwick Avenue		- -	250
	State	7:4		State		77
City Warwick	RI	Zip 02889	City Warwick	RI	02889	1
	1	1				
7. LIST ALL DIRECTORS (NAM ("X" BOX FOR ATTACHMENT			Multipodical attachment of 1921 is		in (: 1k) • - 	
Director Name			Director Name			
Caroline Cressman			Nancy White			
Street Address			Street Address			
1643 Warwick Avenue			1643 Warwick Avenue			
City	State	Zip	City	State	Zip	
Warwick	RI	02889	Warwick	RI	02889	
Director Name			Director Name			
Chip Greer			Keri Lussier			
Street Address			Street Address			
1643 Warwick Avenue	,		1643 Warwick Avenue			
City	State	Zip	City	State	Zip	
Warwick	RI	02889	Warwick	RI	02889	
8. REGISTERED AGENT IN RHO	DE ISLAND					
	ระบาที่ เลยเหลือเลยเลี้ยาการที่สมราช ตัวเกรณ์	等。 上				SCALLISHER HANGE HELD 1950

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

FOR SECRETARY OF STATE USE ONLY

Form No. 631 Revised: 04/2014 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 befein are true and correct.

2-11-16

Signature of Officer or Authorized Representative

Date

Jack Hutson - Executive Director

Print or Type Name of Officer or Authorized Representative

By #274651