



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 **1995**

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. 000026949		2. Exact name of the Corporation The Executives Association of Rhode Island, Inc.			
3. State of Incorporation RI		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	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) AND BOARD OF					
President Name Robert Zompa		Vice-President Name Robert Verville			
Street Address 1643 Warwick Avenue		Street Address 1643 Warwick Avenue			
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Sal Schembre		Treasurer Name Regina Parry			
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 (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Francey Nathan		Director Name Cathy Buchanan			
Street Address 1643 Warwick Avenue		Street Address 1643 Warwick Avenue			
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Director Name Vincent Morgera		Director Name Mark Phaneuf			
Street Address 1643 Warwick Avenue		Street Address 1643 Warwick Avenue			
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
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.

FILED

MAY 17 2016

Jack Hudson

Signature of Officer or Authorized Representative

2-11-2016

Date

JACK HUDSON EX. DIRECTOR

Print or Type Name of Officer or Authorized Representative

By 274651