

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 1994

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	cutives Associat	ion of Rhode Island, Inc.				
State of Incorporation			er of business conducted in Rhode Island				
DI.		Business networking organization of business owners and decision makers to					
RI	exchang	ge information an	d business generation				
5. Principal office address		City Warwick	State RI	Zip 02889			
1643 Warwick Aven				KI			
		Houses, Carl Long	The state of the s		No. of the state o		
President Name			Vice-President Name				
Jack Hutson			Robert Zompa				
Street Address			Street Address				
1643 Warwick Aven		1	1643 Warwick Avenue		(C)		
City	State	Zip	City	State	Zipi Ciji		
Warwick	RI	02889	Warwick	RI	02889		
Secretary Name			Treasurer Name				
Susan Smith			Suzanne Cohen				
Street Address			Street Address				
1643 Warwick Aven	ue		1643 Warwick Avenue				
City	State	Zip	City	State	Zip OSS		
Warwick	RI	02889	Warwick	RI	02889 >		
7. UST ALL DIRECTORS ("X" BOX FOR ATTACK		ORESSES) RHODE S	Sa Charles Charles Give Tide A		THE A PRE-ORE		
Director Name			Director Name		·		
Cathy Buchanan			Vince Morgera				
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				
Robert Verville			Mark Phaneuf				
Street Address			Street Address		·		
1643 Warwick Aven	ue		1643 Warwick Avenue				
City	State	Zip	City	State	Zip		
Warwick	RI	02889	Warwick	RI	0288 9		
8. REGISTERED AGENT.	N RHODE ISLAND						
This information is curre	ntly of record in th	e Office of the Secret	tary of State. Changes require filing Fo	rm 641.			
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This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

	School Services
File Date	
Check No.	
PA	いる
FOR SECRETARY OF STATE USE ONLY	

FILED ,

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.

The this

2-11-2016

Signature of Officer or Authorized Representative

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JACK HUTSON

EYERUNUE DREFTM

Form No. 631 Revised: 04/2014 Print or Type Name of Officer or Authorized Representative