



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 1993

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 for new business generation			
5. Principal office address 1643 Warwick Avenue		City Warwick		State RI	Zip 02889
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Gary Wheelock		Vice-President Name Jack Hutson			
Street Address 1643 Warwick Avenue		Street Address 1643 Warwick Avenue			
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Susan Smith		Treasurer Name Suzanne Cohen			
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 Dennis Samson		Director 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
Director Name Robert Zompa		Director Name Gerald Massa			
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: _____

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Form No. 631
Revised: 04/2014

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By 274651

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 **2-11-16**

Jack Hutson, Executive Director

Print or Type Name of Officer or Authorized Representative