RI SOS Filing Number: 201699375800 Date: 05/25/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
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: 2016

Filing period: June 1 - June 30
Filing Fee: $20.00 ***FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation
498401	**The Pawtucket Bar Association**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Professional Bar Association**

5. Principal Office Address	City	State	Zip
100 Cottage Street	**Pawtucket**	**RI**	**02860**

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Murray Gereboff, Esquire**			Vice-President Name		
Street Address **207 Waterman Street**			Street Address		
City **Providence**	State **RI**	Zip **02906**	City	State	Zip
Secretary Name **Edward F. Grourke, Esquire**			Treasurer Name **Frank J. Milos, Esquire**		
Street Address **24 Spring Street**			Street Address **103 Cottage Street**		
City **Pawtucket**	State **RI**	Zip **02860**	City **Pawtucket**	State **RI**	Zip **02860**

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name **Mark Krieger, Esquire**			Director Name **Frank J. Milos, Esquire**		
Street Address **132 Old River Road**			Street Address **103 Cottage Street**		
City **Lincoln**	State **RI**	Zip **02865**	City **Pawtucket**	State **RI**	Zip **02860**
Director Name **Robert M. Brady, Esquire**			Director Name		
Street Address **1 Grove Avenue**			Street Address		
City **East Providence**	State **RI**	Zip **02914**	City	State	Zip

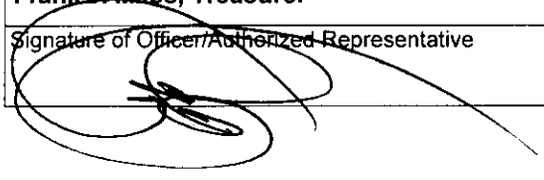
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative	Date
Frank J. Milos, Treasurer	**05/20/2016**

Signature of Officer/Authorized Representative



FILED 52
MAY 25 2016
BY 1124

Form No. 631
Revised: 2016

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