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 2016

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 name of the Corporation
31074	RHODE ISLAND SOCIETY SONS OF THE REVOLUTION
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RHODE ISLAND	NON PROFIT GENEALOGICAL & PATRIOTIC SOCIETY

5. Principal office address	City	State	Zip
187 VERNON AVE	MIDDLETOWN	RI	02842

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
BRUCE MacGUNNIGLE	202 KENT DR.	EAST GREENWICH	RI	02818
Vice-President Name	**Street Address**	**City**	**State**	**Zip**
ROY LAUTH	52 EVARTS ST	NEWPORT	RI	02840
Secretary Name	**Street Address**	**City**	**State**	**Zip**
RONALD BARNES	85 BOYLSTON DR.	CRANSTON	RI	02921
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
F. BRUCE WESTGATE	187 VERNON AVE	MIDDLETOWN	RI	02842

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
MICHAEL DRING	80 BRIARWOOD AVE #2B	MIDDLETOWN	RI	02842
Director Name	**Street Address**	**City**	**State**	**Zip**
FRANK HALE	438 WOLCOTT AVE	MIDDLETOWN	RI	02842
Director Name	**Street Address**	**City**	**State**	**Zip**
JOHN DUCHESNEAU	70 CARROLL AVE	NEWPORT	RI	02840
Director Name	**Street Address**	**City**	**State**	**Zip**
NONE				

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 _____

FILED
JUN 02 2016
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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.

F Bruce Westgate 6.1.16
Signature of Officer or Authorized Representative Date

F. BRUCE WESTGATE
Print or Type Name of Officer or Authorized Representative

Form No. 631
137592-14-1120644