



**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 944010		2. Exact name of the Corporation Resources Holding Society			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To acquire, hold and dispose of property for the benefit of charitable organizations.			
5. Principal Office Address 60 South County Commons Way, Suite G4		City Wakefield	State RI	Zip 02879-2299	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James V. Aukerman		Vice-President Name Sandra I. Berardo			
Street Address 72 White Pond Road		Street Address 131 Woody Hill Road			
City Wakefield	State RI	Zip 02879	City Bradford	State RI	Zip 02808
Secretary Name Sandra I. Berardo		Treasurer Name George C. Whaley, Jr.			
Street Address 131 Woody Hill Road		Street Address 2 Jerry Brown Farm Road			
City Bradford	State RI	Zip 02808	City Wakefield	State RI	Zip 02879
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James V. Aukerman		Director Name Sandra I. Berardo			
Street Address 72 White Pond Road		Street Address 131 Woody Hill Road			
City Wakefield	State RI	Zip 02879	City Bradford	State RI	Zip 02808
Director Name George C. Whaley, Jr.		Director Name			
Street Address 2 Jerry Brown Farm Road		Street Address			
City Wakefield	State RI	Zip 02879	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative James V. Aukerman, President				Date 5/31/2016	
Signature of Officer/Authorized Representative <i>James V. Aukerman</i> SIGN DOCUMENT HERE					

FILED

JUN 06 2016
BY KL 6512