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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
791505	STATE OF THE STATE COMMUNICATIONS
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RHODE ISLAND	PRODUCTION AND BROADCAST A PUBLIC ACCESS TELEVISION SHOW - STATE OF THE STATE - TO EDUCATE AND TO PROMOTE CIVIC AWARENESS AND PARTICIPATION BY USE OF COMMUNICATIONS MEDIA.

5. Principal office address	City	State	Zip
640 WEAVE HILL ROAD	WEST GREENWICH	RI	02817

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

President Name	Street Address	City	State	Zip
JOHN M. CARLEVALE, SR.	640 WEAVER HILL ROAD	WEST GREENWICH	RI	02817

Vice-President Name	Street Address	City	State	Zip
NONE				

Secretary Name	Street Address	City	State	Zip
SUSAN AIKEN	252 PAYTON AVENUE	WARWICK	RI	02889

Treasurer Name	Street Address	City	State	Zip
JOHN M. CARLEVALE, SR.	640 WEAVER HILL ROAD	WEST GREENWICH	RI	02817

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
JOHN M. CARLEVALE, SR.	640 WEAVER HILL ROAD	WEST GREENWICH	RI	02817
SUSAN AIKEN	252 PAYTON AVENUE	WARWICK	RI	02889

Director Name	Street Address	City	State	Zip
ROY PRUETT	7 GRACE AVENUE	COVENTRY	RI	02816
FRANK LOMBARDO	33 ACORN LANE	WEST WARWICK	RI	02893

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 06 2016
BY 6875

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.

John M Carlevale, Sr. 6-3-2016
Signature of Officer or Authorized Representative Date

JOHN M. CARLEVALE, SR.
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
137806-45-1127302