RI SOS Filing Number: 201600715350 Date: 06/15/2016 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
00117694	Rhode Island Apartment Association
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	To promote professionalism within the multi-family housing industry through education and public issues affecting said industry.

5. Principal Office Address	City	State	Zip
558 Smithfield Avenue	Pawtucket	RI	02860

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

President Name Jeffrey Ferland			Vice-President Name Sherry Kriss		
Street Address 558 Smithfield Avenue			Street Address 558 Smithfield Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Ron Serpa			Treasurer Name Frank O. Bragantin		
Street Address 558 Smithfield Avenue			Street Address 558 Smithfield Avenue		
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 Sherry Kriss			Director Name Michael Raheb		
Street Address 558 Smithfield Avenue			Street Address 558 Smithfield Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Frank O. Bragantin			Director Name		
Street Address 558 Smithfield Avenue			Street Address		
City Pawtucket	State RI	Zip 02860	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 O. Bragantin, Treasurer	6-10-2016

Signature of Officer/Authorized Representative

Frank O. Bragantin SIGN DOCUMENT HERE

FILED
JUN 15 2016
BY KL 1449

Form No. 631
Revised: 2016
138137-9-1135761