



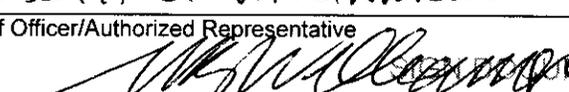
**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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			
31242		RHODE ISLAND ZOOLOGICAL SOCIETY			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		TO SUPPORT THE MISSION AND PURPOSE OF THE RI ZOOLOGICAL SOCIETY			
5. Principal Office Address		City	State	Zip	
1000 ELMWOOD AVENUE		PROVIDENCE	RI	02907	
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name MARIBETH Q. WILLIAMSON		Vice-President Name HOWARD MERTEN			
Street Address 450 WAKEFIELD STREET		Street Address 180 SOUTH MAIN STREET			
City WEST WARWICK	State RI	Zip 02893	City PROVIDENCE	State RI	Zip 02903
Secretary Name MARGARET FERGUSON		Treasurer Name SANDRA L. COLETTA			
Street Address 811 SISSON ROAD		Street Address 45 WILLARD AVENUE			
City GREENE	State RI	Zip 02827	City PROVIDENCE	State RI	Zip 02905
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input checked="" type="checkbox"/>
Director Name MARIBETH Q. WILLIAMSON		Director Name HOWARD MERTEN			
Street Address 450 WAKEFIELD STREET		Street Address 180 SOUTH MAIN STREET			
City WEST WARWICK	State RI	Zip 02893	City PROVIDENCE	State RI	Zip 02903
Director Name MARGARET FERGUSON		Director Name SANDRA L. COLETTA			
Street Address 811 SISSON ROAD		Street Address 45 WILLARD AVENUE			
City GREENE	State RO	Zip 02827	City PROVIDENCE	State RI	Zip 02905
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 MARIBETH Q. WILLIAMSON				Date 6/15/2016	
Signature of Officer/Authorized Representative  MENT HERE					

FILED

JUN 20 2016

BY 35939

Updated 9/23/15

**RHODE ISLAND ZOOLOGICAL SOCIETY
BOARD OF TRUSTEES
2015**

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