



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016
Non-Profit Corporation

→ Filing period: June 1 - June 30

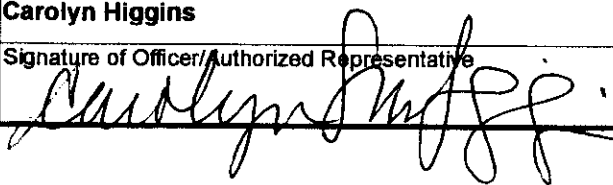
→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

JUL 07 2016

BY 1218

1. Entity ID Number 793235		2. Exact name of the Corporation Rhode Island Science Teachers Association (RISTA)			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island association of science educators for professional development			
5. Principal Office Address 36 Hallmark Dr		City Warwick	State RI	Zip 02886	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Carolyn Higgins			Vice-President Name Leslie Martinelli		
Street Address 36 hallmark Dr			Street Address 3 Fox Glove Dr		
City Warwick	State RI	Zip 02886	City Johnston	State RI	Zip 02919
Secretary Name Ron Poirier			Treasurer Name Stephen Lakeland		
Street Address 43 Cushing St			Street Address 3 Hoyt St		
City North Providence	State RI	Zip 02904	City Johnston	State RI	Zip 02919
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 Carolyn Higgins			Director Name Stephen Lakeland		
Street Address see above			Street Address see above		
City	State	Zip	City	State	Zip
Director Name Ron Poirier			Director Name		
Street Address see above			Street Address		
City	State	Zip	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Carolyn Higgins				Date 6/30/16	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov