RI SOS Filing Number: 201601836810 Date: 07/08/2016 4:00 PM

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.

2016 JUL -8 PM 3:42 RECEIVED SECRETARY OF STATE CORPORATIONS DIV

1. Entity ID Number	2. Exact name of the Corporation
29967	Rhode Island Democratic State Committee
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Promote Ideals of the Democratic Party

5. Principal Office Address	City	State	Zip
200 Metro Center Boulevard Suite 1	Warwick	RI	02886

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

President Name Joseph M. McNamara			Vice-President Name Grace Diaz		
Street Address 23 Howie Avenue			Street Address 45 Adelaide Avenue		
City Warwick	State RI	Zip 02888	City Providence	State RI	Zip 02907
Secretary Name Arthur Corvese			Treasurer Name Jeffrey Padwa		
Street Address 234 Lexington Avenue			Street Address 25 Margrave Avenue		
City No Providence	State RI	Zip 02904	City Providence	State RI	Zip 02906

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name Joseph M. McNamara			Director Name Jeffrey Padwa		
Street Address 23 Howie Avenue			Street Address 25 Margrave Avenue		
City Warwick	State RI	Zip 02888	City Providence	State RI	Zip 02906
Director Name Arthur Corvese			Director Name		
Street Address 234 Lexington Avenue			Street Address		
City No Providence	State RI	Zip 02904	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
Joseph M McNamara	6/3016

Signature of Officer/Authorized Representative

DO NOT WRITE BELOW THIS LINE — FOR DEPARTMENT USE ONLY

FILED

JUL 08 2016

By 8278637

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

130602-1-1136546

FORM 631 - Revised: 05/2016