



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000555701

2. Name of Corporation Libertarian Party of Rhode Island

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 262 BROADWAY

City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO DONDUCT THE AFFAIRS OF THE LIBERTARIAN PARTY OF RHODE ISLAND

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	ELIZABETH V RICHARDSON	500 CAROLINA BACK RD. CHARLESTOWN, RI 02813 US
SECRETARY	AMY VERI	120 WEST MAIN RD. LITTLE COMPTON, RI 02837 USA
DIRECTOR	SCOTT ROTONDO	276 POWER RD.

		PAWTUCKET, RI 02860 USA
DIRECTOR	PATRICK FORD	1 ESEK HOPKINS LN CUMBERLAND, RI 02864 USA
DIRECTOR	TONY JONES	10 PHILLIPS ST, #1 NORTH KINGSTOWN, RI 02852 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

AMY VERI 462 BROADWAY PROVIDENCE , RI 02909

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 10 Day of July, 2016 at 1:41:04 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ELIZABETH RICHARDSON
Signature of Authorized Person

Form No. 631
Revised 09/07

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