

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 21 PM 12: 02

Entity ID Number	l l	2. Exact name of the Corporation				
123727	Rhode Is	Rhode Island Building Owners Association				
3. State of Incorporation	4. Brief de	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	To impro	To improve conditions pertaining to the ownership & operation of office buildings				
5. Principal Office Address			City	State	Zip	
3670 West Shore Road			Warwick	RI	02886	
6. List ALL officers (names				Check the box to	indicate an attachmen	
President Name Brian Ackley			Vice-President Name Richard Jaffe			
Street Address 58 Thompson Hill Drive			Street Address 3 Davol Square B-100			
City Cumberland	State RI	^{Zip} 02864	City Providence	State RI	Zip 02903	
Secretary Name Ed Lannon			Treasurer Name Peter D'Orsi			
Street Address 485 Wilbur Avenue			Street Address 104 Acorn Lane			
City Cranston	State RI	^{Zip} 02921	City West Warwick	State RI	Zip 02893	
. List ALL directors (names	and addresses).	RI Corporations MI	JST list at least THREE direct	ors		
		· · · · · · · · · · · · · · · · · · ·		Check the box	to indicate an attachmen	
irector Name Brent Wyrostok			Director Name Richard Jaffe			
treet Address 99 Browniee Blvd			Street Address 3 Davol Square B-100			
^{ity} Warwick	State RI	^{Zip} 02886	City Providence	State RI	^{Zip} 02903	
Director Name Kate DeSimone			Director Name			
treet Address 150 Gould Avenue			Street Address			
^{ty} Warwick	State RI	Zip 02888	City	State	Zip	
Registered Agent in Rhode	e Island. This inform	nation is currently of	record in the Department of State	Changes require filin	a Form 641	
nder penalty of perjury, l atements, and that all sta	declare and affir	m that I have exar	nined this report, including	any accompanyin	g schedules and	
			and correct. ant Secretary, Treasurer, duly Authoriz	red Panmentative P		
me of Officer/Authorized F	Representative		The state of the s	Date Date	/ / / / / / / / / / / / / / / / / / /	
ter D'Orsi			7	7/	19/16	
nature of Officer/Authorize	d Representative	Al North	2 JMZNT SERE			

MAIL TO:

Division of Business Services

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

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