



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.** 000458150

**2. Name of Corporation** The Rhode Island Science Fiction Club

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 38 FRANKLIN ST

City or Town: RIVERSIDE

State: RI

Zip: 02915

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**

A PRIVATE SOCIAL ORGANIZATION PROMOTING THE IDEALS OF SCIENCE FICTION, FANTASY AND HORROR AND TO CREATE A GATHERING OF PEOPLE WITH COMMON INTERESTS

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	Address
PRESIDENT	MARC MORISSEAU	148 NORWOOD AVENUE WARWICK, RI 02888 USA
TREASURER	MADISON MORISSEAU	148 NORWOOD AVENUE

		WARWICK, RI 02888 USA
CLUB HISTORIAN	JAMES HINSEY	53 DOVE ST PORTSMOUTH, RI 02871 USA
DIRECTOR	KATHLEEN AMITRANO	38 FRANKLIN ST RIVERSIDE, RI 02915 USA
DIRECTOR	IAN KINGSTON	136 OAKHURST AVENUE WARWICK, RI 02886 USA
DIRECTOR	CALVIN WATTS III	101 RUTH AVE RUMFORD, RI 02916 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**

MARC MORISSEAU 148 NORWOOD AVENUE WARWICK , RI 02888

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

**Signed this 29 Day of July, 2016 at 1:05:51 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 KATHLEEN AMITRANO  
Signature of Authorized Person

Form No. 631  
Revised 09/07