RI SOS Filing Number: 201610612980 Date: 10/19/2016 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.

STAMP

1. Entity ID Number	2. Exact name of the Corporation
118883	AIA RI Architectural Forum
3. State of incorporation	**4. Brief description of the character of business conducted in Rhode Island** To support the study of architecture, to promote the preservation of historical architecture and raise community awareness of architecture in the community.
RI	

5. Principal Office Address	City	State	Zip
P.O. Box 6226	Providence	RI	02904

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

President Name: Douglas Kallfelz, Union Studio Architecture	Vice-President Name: Vada Seccareccia, Union Studio Architecture
Street Address: 140 Union Street	Street Address: 140 Union Street
City: Providence State: RI Zip: 02903	City: Providence State: RI Zip: 02903
Secretary Name:	Treasurer Name: Cindy Gerlach, Robinson Green Beretta Corp.
Street Address:	Street Address: 50 Holden Street
City: State: Zip:	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: Stephen White, Roger Williams University	Director Name: Cindy Gerlach, Robinson Green Beretta Corp.
Street Address: One Old Ferry Rd.	Street Address: 50 Holden Street
City: Bristol State: RI Zip: 02907	City: Providence State: RI Zip: 02908
Director Name: Douglas Kallfelz, Union Studio Architecture	Director Name: Vada Seccareccia, Union Studio Architecture
Street Address: 140 Union Street	Street Address: 140 Union Street
City: Providence State: RI Zip: 02903	City: Providence State: RI Zip: 02903

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
Cindy Gerlach, Treasurer	10/15/16

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

FILED
OCT 19 2016
BY 807

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

FORM 631 - Revised: 05/2016

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