AMENDed

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 6·30·16

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.

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1. Entity ID Number 000029509	2. Exact name of the Corporation S.S. PAYNE POST Memorial				
3. State of Incorporation RI	4. Brief description of the character of business conducted in Rhode Island Domestic NON-Profit Corporation				
5. Principal Office Address ONE CAPITOL HL	City Providence	State RI	Zip 02908		

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

President Name Ginamarie Doherty			Vice-President Name William SiANO		
Street Address 10 OSAGE Dr			Street Address 5 Shetland Dr.		
City Middletown	State RI	Zip 02842	City Bradford	State RI	Zip 02842
Secretary Name SALVATORE CAPIRCHIO			Treasurer Name Guyde Lombari		
Street Address ONE CAPITOL Hill			Street Address ONE CAPITOL Hill		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.

Check the box to indicate an attachment ☐

Director Name Gary Maddocks			Director Name JAKE TARAKSIAN		
Street Address 125 FARNUM PK			Street Address 17 ASIA ST		
City Smithfield	State RI	Zip 02917	City Cranston	State RI	Zip 02920
Director Name allen Wagonblott Jr			Director Name		
Street Address 108 AMESBURY Cr			Street Address		
City Middletown	State RI	Zip 02842	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 GUYDE LOMBARI	Date 11/18/16
Signature of Officer/Authorized Representative Guyde G Lombari	

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NOV 18 2016

By____

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