RI SOS Filing Number: 201627523420 Date: 11/22/2016 12:47 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV
2016 NOV 22 PM 12:41

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.

1. Entity ID Number	2. Exact name of the Corporation
000485777	Infragard Rhode Island Member Alliance
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	TO INCREASE THE SECURITY OF THE UNITED STATES NATIONAL INFRASTURCTURE

5. Principal Office Address	City	State	Zip
14 DEL BONIS DRIVE	WEST KINGSTON	RI	02892

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

President Name DONALD A BORSAY			Vice-President Name LAURA HORVAT		
Street Address 14 DEL BONIS DRIVE			Street Address 37 GLEN AVENUE		
City WEST KINGSTON	State RI	Zip 02892	City CRANSTON	State RI	Zip 02905
Secretary Name HENRY C HODGE JR			Treasurer Name		
Street Address 9 OLD SNAKE HILL ROAD			Street Address		
City GLOCESTER	State RI	Zip 02814	City	State	Zip

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name HENRY C HODGE JR			Director Name DONALD A BORSAY		
Street Address 9 OLD SNAKE HILL ROAD			Street Address 14 DEL BONIS DRIVE		
City GLOCESTER	State RI	Zip 02814	City WEST KINGSTON	State RI	Zip 02892
Director Name LAURA HORVAT			Director Name		
Street Address 37 GLEN AVENUE			Street Address		
City CRANSTON	State RI	Zip 02905	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	Date
DONALD A BORSAY	11/21/2016

Signature of Officer/Authorized Representative: Donald A Borsay

FILED
NOV 22 2016
BY CR289152 12:47

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

145343-2-1148928

FORM 631 - Revised: 05/2016