



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2015

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2016 NOV 22 PM 12:41

1. Entity ID Number 000485777		2. Exact name of the Corporation Infragard Rhode Island Member Alliance			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island TO INCREASE THE SECURITY OF THE UNITED STATES NATIONAL INFRASTRUCTURE			
5. Principal Office Address 570 BROAD STREET		City PROVIDENCE		State RI	Zip 02907
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name HENRY C HODGE JR			Vice-President Name		
Street Address 9 OLD SNAKE HILL ROAD			Street Address		
City GLOCESTER	State RI	Zip 02814	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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		
Street Address 9 OLD SNAKE HILL ROAD			Street Address		
City GLOCESTER	State RI	Zip 02814	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative HENRY C HODGE JR				Date 11/22/16	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

FILED ✓

NOV 22 2016

BY AK 289152 12:45

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