RI SOS Filing Number: 201627524030 Date: 11/22/2016 12:42 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year: 2012

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
570 BROAD STREET	PROVIDENCE	RI	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.

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
HENRY C HODGE JR	11/22/16

Signature of Officer/Authorized Representative

SIGN DOCUMENT HERE

FILED

NOV 22 2016

BY CM 289158
12:42

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