

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2012
Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

ightarrow Penalty: Additional \$25.00 fee if form is not filed by July 30.

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	BUS SYOS DIV	-

2016 NOV 22 PM 12: 41

Entity ID Number	2. Exact name of the Corporation						
000485777	Infragard Rhode Island Member Alliance						
3. State of Incorporation	4. Brief descrip	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	l addresses). RI	Corporations M	UST list at least THREE dire		y to indicate an attachment		
Director Name HENRY C HODGE JR			Director Name	Check the box to indicate an attachment Director Name			
Street Address 9 OLD SNAKE HILL ROAD			Street Address				
CityGLOCESTER	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 Isl	land. This informa	tion is currently of	record in the Department of Sta	ite. Changes require fili	ng Form 641.		
Under penalty of perjury, I dec statements, and that all staten	lare and affirm nents contained	that I have exa I herein are true	mined this report, includin e and correct.	g any accompanyir	ng schedules and		
This report must be signed by either the F				orized Representative, Red	ceiver or Trustee.		
Name of Officer/Authorized Rep	Date						
HENRY C HODGE JR	11/2-	16					
Signature of Officer/Authorized Representative							
Haylul Joy	-1-	SIGN_00	OUMENT HERE				
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MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov NOV 2 2 2016

BY CM 289/53 12:4.

FORM 631 - Revised: 05/2016