



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.

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R.I. DEPT. OF STATE  
BUS SVCS DIV

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1. Entity ID Number <u>923500</u>		2. Exact name of the Corporation <u>RI Tax Association</u>	
3. State of Incorporation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>RI Tax Association</u>	
5. Principal Office Address <u>776 Broad St.</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02907</u>	
6. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Raul Reynoso</u>		Vice-President Name <u>Mody Diop</u>	
Street Address <u>776 Broad St.</u>		Street Address <u>475 Silver Cup Circle</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>West Warwick</u>	State <u>RI</u>
Zip <u>02907</u>		Zip <u>02893</u>	
Secretary Name <u>Jose Severino</u>		Treasurer Name <u>Dionicio Perez</u>	
Street Address <u>23 Atlantic Ave</u>		Street Address <u>P.O. Box 5677</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02907</u>		Zip <u>02903</u>	
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Raul Reynoso</u>		Director Name <u><del>Dionicio</del> Mody Diop</u>	
Street Address <u>Same</u>		Street Address <u>Same</u>	
City	State	City	State
Zip		Zip	
Director Name <u>Jose Severino</u>		Director Name <u>Dionicio Perez</u>	
Street Address <u>Same</u>		Street Address <u>Same</u>	
City	State	City	State
Zip		Zip	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <u>Raul Reynoso</u>			Date <u>12/9/2016</u>
Signature of Officer/Authorized Representative <u>Raul Reynoso</u> <span style="float:right">SIGN DOCUMENT HERE</span>			

**FILED**

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BY CR 290477

FORM 631 - Revised: 05/2016

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MAIL TO:

Division of Business Services  
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