State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000590731

2. Name of Corporation Legal Aid Information, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 897 RESERVOIR AVENUE
City or Town: CRANSTON State: RI Zip: 02910 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROVIDE A COMPREHENSIVE LIST OF PRO BONO LEGAL SERVICES AT A NOMINAL COST TO INTERESTED INDIVIDUALS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	SKIP MARTIN	891 NW 45TH STREET POMPANO BEACH, FL 33064 USA
TREASURER	SKIP MARTIN	891 NW 45TH STREET POMPANO BEACH, FL 33064 USA

SECRETARY	JOANNE C. D'AMBRA	897 RESERVOIR AVENUE CRANSTON, RI 02910 USA
DIRECTOR	SKIP MARTIN	891 NW 45TH STREET POMPANO BEACH, FL 33064 USA
DIRECTOR	KARLA ETTER	3704 GLEN GARRY LANE ORLANDO, FL 32803 USA
DIRECTOR	JOANNE C. D'AMBRA	897 RESERVOIR AVENUE CRANSTON, RI 02910 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JOANNE C. D'AMBRA, ESQ. 897 RESERVOIR AVENUE CRANSTON , RI 02910

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 18 Day of January, 2017 at 2:37:00 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JOANNE D'AMBRA
Signature of Authorized Person

Form No. 631
Revised 09/07

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