



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

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 <u>127737</u>		2. Exact name of the Corporation <u>OCEAN STATE AVIATORS EAA CHAPTER 1363</u>			
3. State of Incorporation <u>RHODE ISLAND</u>		4. Brief description of the character of business conducted in Rhode Island <u>TO PROMOTE & FACILITATE EDUCATION IN AVIATION</u>			
5. Principal Office Address <u>734 BOUND ROAD</u>		City <u>WOONSOCKET</u>	State <u>RI</u>	Zip <u>02895</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>MICHAEL SPIETH</u>			Vice-President Name		
Street Address <u>19 OLD CHIMNEY ROAD</u>			Street Address		
City <u>BARRINGTON</u>	State <u>RI</u>	Zip <u>02806</u>	City	State	Zip
Secretary Name <u>PAUL BLANDING</u>			Treasurer Name <u>RICHARD A. PICARD</u>		
Street Address <u>5 BISHOP STREET</u>			Street Address <u>734 BOUND ROAD</u>		
City <u>W. WARWICK</u>	State <u>RI</u>	Zip <u>02893</u>	City <u>WOONSOCKET</u>	State <u>RI</u>	Zip <u>02895</u>
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>NOAH FORDEN</u>			Director Name <u>WAYNE LACY</u>		
Street Address <u>905 SLOCUM ROAD</u>			Street Address <u>12 GARDINER STREET</u>		
City <u>SMITHSTOWN</u>	State <u>RI</u>	Zip <u>02874</u>	City <u>N. PROVIDENCE</u>	State <u>RI</u>	Zip <u>02908</u>
Director Name <u>WILLIAM SHERIDAN</u>			Director Name <u>ROBERT SCHACHT</u>		
Street Address <u>12 TALBOT STREET</u>			Street Address <u>250 KIRBY AVENUE</u>		
City <u>N. PROVIDENCE</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02889</u>
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 <u>RICHARD A. PICARD</u>				Date <u>JAN 16 2017</u>	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

FILED

JAN 19 2017

BY 1033 FORM 631 Revised: 05/2016

MAIL TO:

Division of Business Services

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