



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

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2017 MAR 21 PM 2:47

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 \*FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
140799		Massachusetts Bay Transportation Authority			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Massachusetts		To extend, expand and operate rail service within Rhode Island.			
5. Principal Office Address		City	State	Zip	
Ten Park Plaza		Boston	MA	02116	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name See Exhibit A attached hereto		Vice-President Name			
Street Address Ten Park Plaza		Street Address			
City Boston	State MA	Zip 02116	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 <input checked="" type="checkbox"/>					
Director Name See Exhibit A attached hereto		Director Name			
Street Address		Street Address			
City	State	Zip	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 JOHN ENGLANDER, GENERAL COUNSEL				Date 3/16/17	
Signature of Officer/Authorized Representative				SIGN DOCUMENT HERE	

FILED

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**EXHIBIT A**

**MBTA FISCAL MANAGEMENT CONTROL BOARD OF DIRECTORS**

**Chairman: Joseph Aiello**

**Lisa Calise**

**Brian Lang**

**Steven Poftak**

**Monica Tibbits-Nutt**

**\*All Directors have an address of 10 Park Plaza, Boston, MA 02116**