



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

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.

R.I. DEPT. OF STATE
BUS. SVCS. DIV.

2017 MAY 15 AM 11:32

1. Entity ID Number 001659825		2. Exact name of the Corporation Columbia Alumni Association of RI	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island Columbia Alumni club organizes shared events, that interests their Alumni living in RI	
5. Principal Office Address 210 GOVERNOR ST		City PROVIDENCE	State RI
		Zip 02904	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Roxana Sasse		Vice-President Name Paul Stavrano	
Street Address 210 GOVERNOR ST		Street Address 3 MONROE DR	
City PROVIDENCE	State RI	City East Greenwich	State RI
Zip 02904		Zip 02818	
Secretary Name George Goodwin		Treasurer Name Roxana Sasse	
Street Address 35 Benton Ave		Street Address 210 GOVERNOR ST	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02904		Zip 02904	
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 Roxana Sasse		Director Name George Goodwin	
Street Address 210 GOVERNOR ST		Street Address 35 Brenton Ave	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02904		Zip 02904	
Director Name Paul Stavrano		Director Name	
Street Address 3 MONROE DR		Street Address	
City East Greenwich	State RI	City	State
Zip 02818		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 ROXANA SASSE			Date 5/15/17
Signature of Officer/Authorized Representative Roxana Sasse			

FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 631 - Revised: 02/2017