



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

Annual Report for the year: 2017  
 Non-Profit Corporation

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

2017 MAY 15 AM 11:32

- 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 <b>001659825</b>		2. Exact name of the Corporation <b>Columbia Alumni Association of RI</b>			
3. State of Incorporation <b>R.I.</b>		4. Brief description of the character of business conducted in Rhode Island <b>Columbia Alumni club organizes shared events, that interests their Alumni living in RI</b>			
5. Principal Office Address <b>210 GOVERNOR ST</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Roxana Sasse</b>		Vice-President Name <b>Paul STAVRANP</b>			
Street Address <b>210 GOVERNOR ST</b>		Street Address <b>3 MONROE DR</b>			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>George Goodwin</b>		Treasurer Name <b>Roxana Sasse</b>			
Street Address <b>35 Benton Ave</b>		Street Address <b>210 GOVERNOR ST</b>			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Roxana Sasse</b>		Director Name <b>George Goodwin</b>			
Street Address <b>210 GOVERNOR ST</b>		Street Address <b>35 Brenton Ave</b>			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>
Director Name <b>Paul STAVRANP</b>		Director Name			
Street Address <b>3 MONROE DR</b>		Street Address			
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	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.					
<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 <b>ROXANA SASSE</b>				Date <b>5/15/17</b>	
Signature of Officer/Authorized Representative <i>Roxana Sasse</i>				<b>FILED</b>	

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**MAY 15 2017**  
 BY 3036076  
 AA