



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.

1. Entity ID Number 136582		2. Exact name of the Corporation RHODE ISLAND SILVER HAired LEGISLATURE			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island SENIOR CITIZENS WHO SYUDY STATE AND FEDERALLEGISLATION THAT EFFECTS SENIOR CITIZENS			
4. NAICS Code 813910 - Business Assoc <input type="checkbox"/>					
6. Principal Office Address 96 NAPLES AVENUE		City WARWICK		State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CATHERINE GRAZIANO			Vice-President Name GILBERT DUBUC		
Street Address 42 ROWLEY STREET			Street Address 18 NORTH VIEW ROAD		
City PROVIDENCE	State RI	Zip 02909	City NARRAGANSETT	State RI	Zip 02882
Secretary Name JOHN O'HARA			Treasurer Name CHARLES H DRESS		
Street Address 1499 OCEAN ROAD APT#88			Street Address 96 NAPLES AVENUE		
City NARRAGANSETT	State RI	Zip 02882	City WARWICK	State RI	Zip 02886
8. 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 GILBERT DUBUC			Director Name JOHN O'HARA		
Street Address 18 NORTH VIEW ROAD			Street Address 1499 OCEAN ROAD APT#88		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
Director Name CHARLES H DRESS			Director Name ROSALEA E COHN		
Street Address 96 NAPLES AVENUE			Street Address 336 GROTTO AVENUE		
City WARWICK	State RI	Zip 02886	City PROVIDENCE	State RI	Zip 02906
9. 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative CHARLES H DRESS TREASURER					Date 6/6/2017
Signature of Officer/Authorized Representative <i>Charles H Dress</i>					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

JUN 09 2017

BY *1270*

FORM 631 - Revised: 05/2017