



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 29364		2. Exact name of the Corporation RI Bar Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Professional Association			
4. NAICS Code 813920 - Professional Org					
6. Principal Office Address 41 Sharpe Drive		City Cranston	State RI	Zip 02920	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Armando Batastini		Vice-President Name President-Elect Linda Rekas Sloan			
Street Address 41 Sharpe Drive		Street Address 41 Sharpe Drive			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name David N. Bazar		Treasurer Name Carolyn R. Barone			
Street Address 41 Sharpe Drive		Street Address 41 Sharpe Drive			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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 Christopher S. Gontarz		Director Name Lynda L. Laing			
Street Address 41 Sharpe Drive		Street Address 41 Sharpe Drive			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name Mark B. Morse		Director Name Helen D. McDonald			
Street Address 41 Sharpe Drive		Street Address 41 Sharpe Drive			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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.					
<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 <i>Helen D. McDonald</i>				Date <i>6/7/17</i>	
Signature of Officer/Authorized Representative <i>Helen D. McDonald</i>					

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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JUN 12 2017

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