



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

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

1. Entity ID No. 114523		2. Exact name of the Corporation The Rhode Island Forensic League, Inc.	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To help high school students to develop confidence in public speaking and effectiveness in debate and argumentation	
5. Principal office address 51 Arizona St		City Coventry	State RI
		Zip 02816	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Meghan Maria		Vice-President Name Geoffrey Keegan	
Street Address 300 St. Paul Street		Street Address 30 Beth Ave.	
City N. Smithfield	State RI	City Warren	State RI
Zip 02896		Zip 02885	
Secretary Name Geoffrey Keegan		Treasurer Name Brent Robitaille	
Street Address 30 Beth Ave.		Street Address 51 Arizona St	
City Warren	State RI	City Coventry	State RI
Zip 02885		Zip 02816	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Meghan Maria		Director Name Brent Robitaille	
Street Address 300 St. Paul Street		Street Address 51 Arizona St	
City N. Smithfield	State RI	City Coventry	State RI
Zip 02896		Zip 02816	
Director Name Geoffrey Keegan		Director Name	
Street Address 30 Beth Ave.		Street Address	
City Warren	State RI	City	State
Zip 02885		Zip	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____

Check No **FILED**

By: **02:01 PM JUN 14 2017**

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Form No. 631
Revised: 05/2012
RECEIVED
BY 305972
A. A. 10:22 A.M.

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.

Brent Robitaille

Signature of Officer

11/19/16
Date

Brent Robitaille
Print or Type Name of Officer

Treasurer
Title of Officer