



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 Meshaun Maria			Vice-President Name Geoffrey Keegan		
Street Address 300 St. Paul Street			Street Address 30 Beth Ave.		
City N. Smithfield	State RI	Zip 02896	City Warren	State RI	Zip 02885
Secretary Name Geoffrey Keegan			Treasurer Name Brent Robitaille		
Street Address 30 Beth Ave.			Street Address 51 Arizona St		
City Warren	State RI	Zip 02885	City Coventry	State RI	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 Meshaun Maria			Director Name Brent Robitaille		
Street Address 300 St. Paul Street			Street Address 51 Arizona St		
City N. Smithfield	State RI	Zip 02896	City Coventry	State RI	Zip 02816
Director Name Geoffrey Keegan			Director Name		
Street Address 30 Beth Ave.			Street Address		
City Warren	State RI	Zip 02885	City	State	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 AM JUN 14 2017

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RECEIVED BY 305972
 Form No. 631
 Revised: 05/2012

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.

Signature of Officer: Brent Robitaille Date: 11/19/16

Print or Type Name of Officer: Brent Robitaille

Title of Officer: Treasurer