



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 990321		2. Exact name of the Corporation GMIS International			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Professional business association for government IT			
4. NAICS Code 813910 - Business Associati					
6. Principal Office Address 24 River St			City Cranston	State RI	Zip 02905
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Wendy Schmidle			Vice-President Name Lori-Ann Fox		
Street Address 65 Jefferson Dr			Street Address 24 River St		
City East Greenwich	State RI	Zip 02818	City Cranston	State RI	Zip 02905
Secretary Name Denise Potvin			Treasurer Name Ed Pienkos		
Street Address 85 Glendale Meadow Ln			Street Address 1245 Hill Road		
City Harrisville	State RI	Zip 02830	City Pascoag	State RI	Zip 02859
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 Wendy Schmidle			Director Name Lori-Ann Fox		
Street Address 65 Jefferson Dr			Street Address 24 River St		
City East Greenwich	State RI	Zip 02818	City Cranston	State RI	Zip 02905
Director Name Denise Potvin			Director Name Ed Pienkos		
Street Address 85 Glendale Meadow Ln			Street Address 1245 Hill Road		
City Harrisville	State RI	Zip 02830	City Pascoag	State RI	Zip 02859
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 Lori-Ann Fox				Date 6/13/2017	
Signature of Officer/Authorized Representative Lori Fox				<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FILED JUN 15 2017 <i>588</i> </div>	

MAIL TO:
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