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 **000026821**	2. Exact name of the Corporation **Associated Radio Amateurs of Southern New England, Inc.**
3. State of Incorporation **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island **Promote interest in and the development of amateur radio**
4. NAICS Code **813990 - Other Similar Organiz**	

6. Principal Office Address	City	State	Zip
54 Kelley Avenue	**East Providence**	**RI**	**02916**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Douglas Troughton**			Vice-President Name **Kevin Multer**		
Street Address **17 Joyce Ann Drive**			Street Address **26 Mosher Drive**		
City **Manville**	State **RI**	Zip **02838**	City **Barrington**	State **RI**	Zip **02806**
Secretary Name **Tyler Turcotte**			Treasurer Name **Robert L. Allen, Jr.**		
Street Address **17 Tullson Avenue**			Street Address **38 Tullson Avenue**		
City **Seekonk**	State **MA**	Zip **02771**	City **Seekonk**	State **MA**	Zip **02771**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name **Douglas Troughton**			Director Name **Kevin Multer**		
Street Address **17 Joyce Ann Drive**			Street Address **26 Mosher Drive**		
City **Manville**	State **RI**	Zip **02838**	City **Barrington**	State **RI**	Zip **02806**
Director Name **Tyler Turcotte**			Director Name **Robert L. Allen, Jr.**		
Street Address **17 Tullson Avenue**			Street Address **38 Tullson Avenue**		
City **Seekonk**	State **MA**	Zip **02771**	City **Seekonk**	State **MA**	Zip **02771**

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.

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

Name of Officer/Authorized Representative	Date
Robert L. Allen, Jr. Treasurer	**June 16, 2017**

Signature of Officer/Authorized Representative

FILED

JUN 21 2017

BY 3115

MAIL TO:
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