



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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
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1. Entity ID Number 29233		2. Exact name of the Corporation THE RHODE ISLAND ASSOCIATION OF ELECTROLOGISTS			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island ELECTROLYSIS			
4. NAICS Code 813920					
6. Principal Office Address 81 DOUGLAS AVE			City PROVIDENCE	State RI	Zip 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name SOFIE GARABEDIAN			Vice-President Name PATRICIA KRUEGER		
Street Address 81 DOUGLAS AVE			Street Address 127 WEST BAY DR		
City PROVIDENCE	State RI	Zip 02908	City NARRAGANSETT	State RI	Zip 02882
Secretary Name DONNA PELLETIER			Treasurer Name PAULA MANGINO		
Street Address 185 PUTNAM PIKE			Street Address 145 MISHNOCK ROAD		
City CHEPACHET	State RI	Zip 02814	City WEST GREENWICH	State RI	Zip 02817
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 SOFIE GARABEDIAN			Director Name PATRICIA KRUEGER		
Street Address 81 DOUGLAS AVE			Street Address 127 WEST BAY DRIVE		
City PROVIDENCE	State R.I	Zip 02908	City NARRAGANSETT	State RI	Zip 02882
Director Name DONNA PELLETIER			Director Name PAULA MANGINO		
Street Address 185 PUTNAM PIKE			Street Address 145 MISHNOCK ROAD		
City CHEPACHET	State RI	Zip 02814	City WEST GREENWICH	State RI	Zip 02817
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 Sofie Garabedian					Date
Signature of Officer/Authorized Representative					FILED
					JUN 22 2017

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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