



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 100957		2. Exact name of the Corporation FRIENDS OF THE NATIONAL WILDLIFE REFUGES OF RI			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island EDUCATION & PRESERVATION OF RI WILDLIFE REFUGES			
4. NAICS Code 813312					
6. Principal Office Address 50 BEND RD			City CHARLESTOWN	State RI	Zip 02813
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RICHARD THIEKE			Vice-President Name TINA MARASCO		
Street Address 16 TAMANCO DR			Street Address 645 PT. JUDITH RD		
City CHARLESTOWN	State RI	Zip 02813	City NARRAGANSETT	State RI	Zip 02882
Secretary Name ROBERT KENNEY			Treasurer Name ROBERT KENNEY		
Street Address 53 CRESTWOOD DR			Street Address 53 CRESTWOOD DR		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
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 BEVERLY LAVALLEE			Director Name MAIJA LUTZ		
Street Address 117 BURDICK VILLE RD			Street Address 33B EAGLE RUN		
City CHARLESTOWN, RI	State RI	Zip 02813	City E. GREENWICH	State RI	Zip 02818
Director Name MELISSA HUGHES			Director Name		
Street Address 11 JOHN ST			Street Address		
City WAKEFIELD	State RI	Zip 02879	City	State	Zip
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 RICHARD THIEKE					Date 6-27-17
Signature of Officer/Authorized Representative <i>[Signature]</i>					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JUN 28 2017
BY 3264