



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 000134230

2. Name of Corporation Forensic Archaeology Recovery

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813319

4. Corporate Address in Rhode Island

No. and Street: 8 1/2 CLEARVIEW AVENUE

City or Town: GLOUCESTER

State: RI

Zip: 01930

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO LOCATE, RECORD AND RECOVER HUMAN REMAINS AND ASSOCIATED PERSONAL EFFECTS AND OTHER MATERIALS AT MASS-CASUALTY DISASTER SCENES, TO ENTER SUCH MATERIALS AS EVIDENCE INTO A CHAIN OF CUSTODY FOR IDENTIFICATION

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title

Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|----------------|---|---|
| PRESIDENT | ANN MARIE W MIRES PHD | 8 1/2 CLEARVIEW AVE GLOUCESTER, MA 01930 USA |
| TREASURER | ANN MARIE W MIRES PHD | 8 1/2 CLEARVIEW AVE. GLOUCESTER, MA 01930 USA |
| SECRETARY | CLAIRE GOLD MA | 16 DEVON RD NORWOOD, MA 02062 USA |
| VICE PRESIDENT | RICHARD GOULD PHD | 6109 A SUMMER ST HONOLULU, HI 96821 USA |
| DIRECTOR | KIMBERLEE MORAN | 315 PENN ST, RM 302 CAMDEN, NJ 08102 USA |
| DIRECTOR | DANA KOLLMAN PHD | 1602 BEECHWOOD AVE CANTONSVILLE, MD 21228 USA |
| DIRECTOR | CLAIRE GOLD MA | 16 DEVON RD NORWOOD, MA 02062 USA |
| DIRECTOR | RANDI SCOTT | 1525 EAST 3RD BENICIA, CA 94510 USA |

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

RICHARD J. LAND, ESQ. ONE PARK ROW, SUITE 300 PROVIDENCE , RI 02903

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

Signed this 8 Day of July, 2017 at 9:20:36 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ANN MARIE MIRES
Signature of Authorized Person

Form No. 631
Revised 09/07