



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2017

→ 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 31064		2. Exact name of the Corporation Rhode Island Taxpayers Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Civic			
4. NAICS Code 813319					
6. Principal Office Address 117 Kentland Avenue		City Providence		State R. I.	Zip 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Farrell Sylvester		Vice President Name Legal Counsel Farrell Sylvester			
Street Address 117 Kentland Avenue		Street Address 117 Kentland Avenue			
City Providence	State R. I.	Zip 02908	City Providence	State R. I.	Zip 02908
Secretary Name Agus Marsono		Treasurer Name Farrell Sylvester			
Street Address 115 St. Stephen Street		Street Address 117 Kentland Avenue			
City Boston	State Ma.	Zip 02115	City Providence	State R. I.	Zip 02908
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 Farrell Sylvester		Director Name Agus Marsono			
Street Address 117 Kentland Avenue		Street Address 115 St. Stephen Street			
City Providence	State R. I.	Zip 02908	City Boston	State Ma.	Zip 02115
Director Name Christian Tzurcanu		Director Name			
Street Address 115 St. Stephen Street		Street Address			
City Boston	State Ma.	Zip 02115	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.					
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 Farrell Sylvester				Date June 12 2017	
Signature of Officer/Authorized Representative <i>Farrell Sylvester</i>				JUL 20 2017	

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

BY CM 308666