

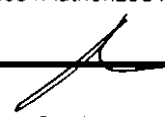


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 968673		2. Exact name of the Corporation New England Association of Fraternal Ins Counsellors			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Provide educational programs to members & charitable work on behalf of the organization.			
4. NAICS Code 813920 - Professional Orgar					
6. Principal Office Address 987 Cass Avenue		City Woonsocket	State RI	Zip 02895	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Soucy			Vice-President Name Thomas Racine		
Street Address 286 Central Street			Street Address 58 Main Street		
City Georgetown	State MA	Zip 01833	City Sturbridge	State MA	Zip 01566
Secretary Name Normand A. St. Laurent			Treasurer Name Normand A. St. Laurent		
Street Address 11 Jefferson Rd			Street Address 11 Jefferson Rd		
City No. Smithfield	State RI	Zip 02896	City No. Smithfield	State RI	Zip 02896
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 Joel Boncek			Director Name Sarah Groleau		
Street Address 1 Columbus Plaza			Street Address 22 Little Knoll Circuit		
City New Haven	State CT	Zip 02152	City Freedom	State NH	Zip 03836
Director Name Mary Normandin			Director Name		
Street Address 109 1/2 South State St			Street Address		
City Concord	State nh	Zip 03301	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.					
<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 Normand A. St. Laurent				Date 09/28/17	
Signature of Officer/Authorized Representative 					

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

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