

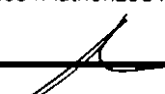


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 								<div style="text-align: center;"> FILED OCT 02 2017 BY <u>334</u> </div>	

MAIL TO:
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