



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

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

Annual Report for the year: 2015
 Non-Profit Corporation

2017 OCT 11 AM 10:03

- 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 <u>000070389</u> 0000389		2. Exact name of the Corporation <u>RHODE ISLAND SOCIETY OF ENROLLED AGENTS</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>PROVIDE A FORMAT FOR CONTINUING EDUCATION FOR ENROLLED AGENTS TITLE 7-6</u>	
4. NAICS Code <u>813920</u>			
6. Principal Office Address <u>1227 MAIN STREET</u>		City <u>WEST WARWICK</u>	State <u>RI</u>
		Zip <u>02893</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>EDWARD P LAURENZO</u>		Vice-President Name <u>AMY POTTER</u>	
Street Address <u>1227 MAIN STREET</u>		Street Address <u>1227 MAIN STREET</u>	
City <u>W WARWICK</u>	State <u>RI</u>	City <u>W. WARWICK</u>	State <u>RI</u>
Zip <u>02893</u>		Zip <u>02893</u>	
Secretary Name <u>ALBERT BENEVIDES</u>		Treasurer Name <u>PEG WOOD</u>	
Street Address <u>1227 MAIN STREET</u>		Street Address <u>1227 MAIN STREET</u>	
City <u>W. WARWICK</u>	State <u>RI</u>	City <u>W. WARWICK</u>	State <u>RI</u>
Zip <u>02893</u>		Zip <u>02893</u>	
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 <u>JOHN CAPWELL</u>		Director Name <u>NANCY GOEDECKE</u>	
Street Address <u>1227 MAIN STREET</u>		Street Address <u>1227 MAIN STREET</u>	
City <u>W. WARWICK</u>	State <u>RI</u>	City <u>W. WARWICK</u>	State <u>RI</u>
Zip <u>02893</u>		Zip <u>02893</u>	
Director Name <u>J DAVID PALANA</u>		Director Name	
Street Address <u>1227 MAIN STREET</u>		Street Address	
City <u>W. WARWICK</u>	State <u>RI</u>	City	State
Zip <u>02893</u>		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 <u>CHARLES BELANGER</u>			Date <u>10-11-17</u>
Signature of Officer/Authorized Representative <u>Charles Belanger</u>			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

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