



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 <u>788091</u>		2. Exact name of the Corporation <u>R.I. DOT WATCH INC.</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>A Transportation Advocacy Organization for R.I.</u>	
4. NAICS Code <u>813312</u>			
6. Principal Office Address <u>481 Post Rd.</u>		City <u>Wakefield</u>	State <u>R.I.</u> Zip <u>02879</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Robert B. Votava</u>		Vice-President Name <u>Barry Schiller</u>	
Street Address <u>481 Post Rd.</u>		Street Address <u>76 Sunset Ave.</u>	
City <u>Wakefield</u>	State <u>R.I.</u>	City <u>North Providence</u>	State <u>R.I.</u> Zip <u>02911</u>
Secretary Name <u>Sandy McCan</u>		Treasurer Name <u>Mary Shepard</u>	
Street Address <u>57 Grandville Ct., Suite 3301</u>		Street Address <u>10 Porter Rd.</u>	
City <u>Wakefield</u>	State <u>R.I.</u>	City <u>Middletown</u>	State <u>R.I.</u> Zip <u>02842</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>MARGE BURSTON</u>		Director Name <u>TROY West</u>	
Street Address <u>104 Highland Ave.</u>		Street Address <u>259 Green Hill Beach Rd.</u>	
City <u>Wakefield</u>	State <u>R.I.</u>	City <u>Wakefield</u>	State <u>R.I.</u> Zip <u>02879</u>
Director Name <u>Susan Marcus</u>		Director Name <u>BRANT DULGARAN</u>	
Street Address <u>468 Post Rd.</u>		Street Address <u>835 Westminster Street</u>	
City <u>Wakefield</u>	State <u>R.I.</u>	City <u>Providence</u>	State <u>R.I.</u> Zip <u>02903</u>
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 <u>Robert B. Votava, President & Exco. Dir.</u>		Date <u>Oct. 16, 2017</u>	
Signature of Officer/Authorized Representative <u>Robert B. Votava</u>			

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov

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