



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.

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R.I. DEPT. OF STATE
BUSINESS SERVICES DIVISION

1. Entity ID Number 000110637		2. Exact name of the Corporation Providence Community Radio			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Community-based mass media			
4. NAICS Code 515111					
6. Principal Office Address 1 Chestnut St., #701		City Providence		State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Neville Bedford			Vice-President Name Matt Obert		
Street Address 321 South Main St., Ste. 402			Street Address 1 Chestnut St., #701		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Frank Mullin			Treasurer Name Matt Obert		
Street Address 9 Hollywood Rd.			Street Address 1 Chestnut St., #701		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02903
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 Wesle Dymoke			Director Name Matt Obert		
Street Address 1 Chestnut St., #701			Street Address 1 Chestnut St., #701		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Frank Mullin			Director Name Matt Obert		
Street Address 9 Hollywood Rd.			Street Address 1 Chestnut St., #701		
City Providence	State RI	Zip 0290	City Providence	State RI	Zip 02903
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 MATT OBERT				Date 11/8/2017	
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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