



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

Annual Report for the year:
Non-Profit Corporation

2017

- 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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CORPORATIONS DIV

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FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 000038339		2. Exact name of the Corporation RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island POLITICAL PARTY	
4. NAICS Code 913940			
6. Principal Office Address 1800 POST ROAD, SUITE 17-1		City WARWICK	State RI Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name BRANDON S. BELL		Vice-President Name GINA CATALANO	
Street Address P.O. Box 1534		Street Address 510 CHLOE ST, APT 411C	
City PROVIDENCE	State RI	City WARREN	State RI
Zip 02903		Zip 02806	
Secretary Name WILL RICCI		Treasurer Name DAVID SHEPARD	
Street Address 5 McAVIG ST.		Street Address 154 BEAR HILL RD	
City PROVIDENCE	State RI	City CUMBERLAND	State RI
Zip 02903		Zip 02864	
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 LISA BELL		Director Name LEE ANN SENNICK	
Street Address P.O. Box 1534		Street Address 493 Walnut Hill Rd.	
City PROVIDENCE	State RI	City WASNICK	State RI
Zip 02901		Zip 02895	
Director Name STEVE FRIAS		Director Name	
Street Address 107 GARDEN HILLS DRIVE		Street Address	
City CRANSTON	State RI	City	State
Zip 02920		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.			
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 BRANDON S. BELL		Date 1/8/18	
Signature of Officer/Authorized Representative 		SIGN DOCUMENT HERE 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

JAN 09 2018

BY CL 32/371 FORM 631 - Revised: 11/2017