



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

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CORPORATIONS DIV
2018 MAR 15 PM 3:04

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 000142510		2. Exact name of the Corporation AIGA Rhode Island, Inc			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Organizing Professional seminars and workshops for members of the graphic design community			
4. NAICS Code 813920 ☐					
6. Principal Office Address 166 Valley Street			City Providence	State RI	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Rashelle Palmer			Vice-President Name Jay Biethan		
Street Address 166 Valley Street			Street Address 166 Valley Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Charice Lim			Treasurer Name Siulam Bohorquez		
Street Address 166 Valley Street			Street Address 166 Valley Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Charice Lim			Director Name Jay Davani		
Street Address 166 Valley Street			Street Address 166 Valley Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Director Name Sandy Connor			Director Name		
Street Address 166 Valley Street			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip 02909
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 Siulam Bohorquez					Date 03 - 15 - 18
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

FILED

MAR 15 2018

FORM 631 - Revised: 11/2017

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