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	2. Exact name of the Corporation
000142510	**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	City	State	Zip
166 Valley Street	**Providence**	**RI**	**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.

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	Date
Siulam Bohorquez	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
BY 326625

FORM 631 - Revised: 11/2017