RI SOS Filing Number: 201865882930 Date: 5/16/2018 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018 **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.

| • | | • | | | | |
|---|---|---------------------------|---|----------------------------------|----------------------|--|
| Entity ID Number | 2. Exact name of the Corporation | | | | | |
| 498401 | The Pawtucket Bar Association | | | | | |
| 3. State of Incorporation | 5. Brief description of the character of business conducted in Rhode Island | | | | | |
| Rhode Island | Professional Bar Association | | | | | |
| 4 NAICS Code | 1 | | | | | |
| 813920 - Professional Organiza | | | | | | |
| 6. Principal Office Address | | | City | State | Zıp | |
| 103 Cottage Street | | | Pawtucket | Rhode Island | 02860 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment | | | | | | |
| President Name Roger C. Ross, Esquire | | | Vice-President Name Marily Shannon McConaghy, Esquire | | | |
| Street Address 150 Main Street | | | Street Address One Capital Hill, 1st Floor | | | |
| City Pawtucket | State RI | ^{Zip} 02860 | City Providence | State RI | ^{Zıp} 02908 | |
| Secretary Name Edward F. Grourke, Esquire | | | Treasurer Name Frank J. Milos, Esquire | | | |
| Street Address 24 Spring Street | | | Street Address 103 Cottage Street | | | |
| City Pawtucket | Stale RI | Zip 02860 | City Pawtucket | State RI | ^{Žip} 02860 | |
| 8 List ALL directors (names and ac | idresses). RI Co | proporations MUST | list at least THREE directors | Check the box to indicate | an attachment | |
| Director Name Mark Krieger, Esquire | | | Director Name Frank J. Milos, Esquire | | | |
| Street Address 132 Old River Road | | | Street Address 103 Cottage Street | | | |
| ^{City} Lincoln | State RI | ^{Zip} 02865 | City Pawtucket | State RI | ^{Zıp} 02860 | |
| Director Name Robert M. Brady, Esquire | | Director Name | | | | |
| Street Address 132 Grove Street | | | Street Address | | | |
| City East Providence | State RI | Zip 02914 | City | State | Zip | |
| 9. Registered Agent in Rhode Islan | d. This informatio | n is currently of reco | rd in the Department of State. Chang | ges require filing Form 641. | | |
| Under penalty of perjury, I declar statements, and that all statement | | | | companying schedule | s and | |
| This report must be signed by either the Pres | | t. Secretary, Assistant S | Secretary, Treasurer, duly Authonzed Repr | resentative, Receiver or Trustee | · | |
| Name of Officer/Authorized Repres | entative | | | Date / 1 | | |
| Frank J. Milos, Treasurer | | | | 5/11/1 | 8 | |
| ignature of Officer/Adthorized Representative FILED | | | | | | |

Division of Business Services 148 W. River Street, Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov