



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

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SECRETARY OF STATE
CORPORATIONS DIV
2018 MAY 29 PM 12:24

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.

1. Entity ID Number 000030721		2. Exact name of the Corporation RHODE ISLAND PUBLIC TOWING ASSOCIATION, INC			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island PROMOTE UNDERSTANDING WITHIN THE COMMON CARRIER BUSINESS			
4. NAICS Code 813910					
6. Principal Office Address 165 DEAN KNAUSS DRIVE		City NARRAGANSETT		State RI	Zip 02882
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name RICHARD F ZUERCHER, JR			Vice-President Name		
Street Address 165 DEAN KNAUSS DRIVE			Street Address		
City NARRAGANSETT	State RI	Zip 02882	City	State	Zip
Secretary Name ANDREW SLATER			Treasurer Name MICHAEL BRANCH		
Street Address 565 NOOSENECK HILL ROAD			Street Address 221 WASHINGTON HWY		
City EXETER	State RI	Zip 02822	City SMITHFIELD	State RI	Zip 02917
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name THOMAS BRICKELL			Director Name ANTHONY VICTORIA		
Street Address 2050 PLAINFIELD STREET			Street Address 165 FRENCHTOWN ROAD		
City CRANSTON	State RI	Zip 02921	City NORTH KINGSTOWN	State RI	Zip 02852
Director Name RICHARD BRANCH			Director Name		
Street Address 100 SOUTH STREET			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	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 RICHARD ZUERCHER, JR				Date 5-18-18	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE FILED 12:28	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAY 29 2018

BY CU 331473

FORM 631 - Revised: 11/2017