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: 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
000030721	**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	City	State	Zip
165 DEAN KNAUSS DRIVE	**NARRAGANSETT**	**RI**	**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	Date
RICHARD ZUERCHER, JR	**5-18-18**

Signature of Officer/Authorized Representative: [signature] SIGN DOCUMENT HERE

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BY CR 331473

MAIL TO:
Division of Business Services
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