



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.

1. Entity ID Number 43190		2. Exact name of the Corporation University of Rhode Island Student Senate, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Established and recognizes student organizations on campus.			
4. NAICS Code 611110 - Elementary and Secor					
6. Principal Office Address 50 Lower College Road		City Kingston	State RI	Zip 02881	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Adriana Wilding		Vice-President Name Abdulwhab Alqurtas			
Street Address 74 Cole Avenue		Street Address 20 Lower College Road			
City Clayville	State RI	Zip 02815	City Kingston	State RI	Zip 02881
Secretary Name Ryan McWeeney		Treasurer Name Kevin Blewitt			
Street Address 65 Burr Street		Street Address 7 Miller Road			
City Cranston	State RI	Zip 02920	City Putnam Valley	State NY	Zip 10579
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Adriana Wilding		Director Name Abdulwhab Alqurtas			
Street Address 74 Cole Avenue		Street Address 20 Lower College Road			
City Clayville	State RI	Zip 02815	City Kingston	State RI	Zip 02881
Director Name Ryan McWeeney		Director Name Kevin Blewitt			
Street Address 65 Burr Street		Street Address 7 Miller Road			
City Cranston	State RI	Zip 02920	City Putnam Valley	State NY	Zip 10579
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative <i>Susan E. Brush</i>					Date <i>5/23/18</i>
Signature of Officer/Authorized Representative <i>Susan E. Brush</i>					

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
 MAY 29 2018
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