



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

STAMP

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 1664938		2. Exact name of the Corporation Rhode Island NGA 2017, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To educate, on a non-partisan basis, state governors.			
4. NAICS Code 813920 - Professional Organiz <input type="checkbox"/>					
6. Principal Office Address One Park Row, 5th Floor		City Providence	State RI	Zip 02903	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name None		Vice-President Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Secretary Name None		Treasurer Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Martha Sheridan		Director Name Donald Sweitzer			
Street Address 144 Westminster Street		Street Address 10 Memorial Blvd.			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Jon Duffy		Director Name			
Street Address 10 Charles Street		Street Address			
City Providence	State RI	Zip 02904	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Edward J. Galvin				Date 06/19/2018	
Signature of Officer/Authorized Representative <i>Edward J. Galvin</i>				SIGN DOCUMENT FILED <i>02</i>	

JUN 25 2018

BY 2140

MAIL TO:
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