Number: 201870646930 Date: 6/25/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **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		
161590	RHODE ISLAND ATTENDANCE OFFICERS ASSOCIAN		
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island		
RHOME ISLAND	PROMOTING THE EDUCATIONAL AND POCATIONAL SCHUICES		
4. NAICS Code	FOR JUVENILES OF THE STATE OF RHODE ISLAND AND TO		
813319 PROMOTE JUNEMICE SCHOOL PATENDANCE.			
6. Principal Office Address		City	State Zip
10 BARNACLE DA WOST		GAKE FIELD	NI 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment			
President Name STEPHEN TACUL		Vice-President Name SHAROL POPST	
Street Address 23 WARN AVE		Street Address 15 COBALESTONI- TEARACK	
City WESTERLY	State Kg Zip 02871	City Covertay	State P.T Zip 038/6
Secretary Name RICHARD LONGULUCIO		Treasurer Name KENNETH G BOWMAN	
Street Address 151 ALTON BRADFORD RD		Street Address 10 BARUACLE DA WEST	
BRANFORM	State Rit Zip 028U8	CHY WAKE FILLS	State RT Zip 02879
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment			
Director Name STEPHEN TACUL		Director Name SHARON PROPOT	
Street Address 23 warn nuc		Street Address 15 COBBLE STONE TO MACE	
City WESTERLY	State LT Zip W28S1	City COVENTRY	State Rt Zip 02818
Director Name RICHAM LONGCLUCE		Director Name KENNETH & BOWMAN	
		Street Address 10 BARNALL MA WOST	
City BRADFORD	State N-t Zip 02818	CITUAKOFICEN	State LT Zip 02878
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 841.			
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
KENNETH G BOWMAN TRES			6/13/18
Signature of Officer/Authorized Representative SIGN DOCHENT HERE			
'			

MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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

FORM 631 - Revised: 11/2017