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

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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	2. Exact name of the Corporation
000977197	Rhode Island Healthcare Engineers Society
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To promote enhancement of the patient care environment by taking advantage of the latest developments in healthcare facility management, design, operation, and maintenance techniques available through the mutual exchange of technical ideas and experiences amongst members.
4. NAICS Code: 813910 - Business Association	

6. Principal Office Address	City	State	Zip
161 Dendron Road	South Kingstown	RI	02870

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Charles Brown			Vice-President Name: Robert Dunning		
Street Address: 161 Dendron Road			Street Address: 100 Kenyon Ave		
City: South Kingstown	State: RI	Zip: 02879	City: Wakefield	State: RI	Zip: 02879
Secretary Name: none			Treasurer Name: James Carroll		
Street Address: none			Street Address: 345 Blackstone Blvd		
City: none	State: none	Zip: none	City: Providence	State: RI	Zip: 02906

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☐

Director Name: Charles Brown			Director Name: Robert Dunning		
Street Address: 161 Dendron RD			Street Address: 100 Kenyon Ave		
City: South Kingstown	State: RI	Zip: 02879	City: South Kingstown	State: RI	Zip: 02879
Director Name: James Carroll			Director Name: none		
Street Address: 345 Blackstone BLVD			Street Address: none		
City: Providence	State: RI	Zip: 02906	City: none	State: none	Zip: none

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
Charles Brown	7/31/18

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

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BY C2754547

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