



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

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SECRETARY OF STATE
CORPORATIONS DIV
2018 SEP -4 PM 3:06

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 000070389		2. Exact name of the Corporation RHODE ISLAND SOCIETY OF ENROLLED AGENTS	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island PROVIDE A FORMAT FOR CONTINUING EDUCATION FOR ENROLLED AGENTS	
4. NAICS Code 813920			
6. Principal Office Address 3970 POST ROAD c/o CHARLES BELANGER		City WARWICK	State RI Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name CHARLES BELANGER		Vice-President Name RICHARD GIBNEY	
Street Address 3970 POST ROAD		Street Address c/o C. BELANGER 3970 POST RD	
City WARWICK	State RI	City WARWICK	State RI Zip 02886
Secretary Name ARCELY CUEVAS		Treasurer Name KEVIN RAENONE	
Street Address c/o C. BELANGER 3970 POST ROAD		Street Address c/o C. BELANGER 3970 POST ROAD	
City WARWICK	State RI	City WARWICK	State RI Zip 02886
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name JOHN LEONE		Director Name MARCEL ROBERT	
Street Address c/o C. BELANGER 3970 POST ROAD		Street Address c/o C. BELANGER 3970 POST ROAD	
City WARWICK	State RI	City WARWICK	State RI Zip 02886
Director Name JAMES IASIMONE		Director Name	
Street Address c/o C. BELANGER 3970 POST RD		Street Address	
City WARWICK	State RI	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 CHARLES A. BELANGER		Date 8-29-18	
Signature of Officer/Authorized Representative <i>Charles A Belanger</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
SEP 04 2018
BY *[Signature]* KINTP.
3:06.