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

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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	2. Exact name of the Corporation
000070389	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	City	State	Zip
C/O CHARLES BELANGER 3970 POST ROAD	WARWICK	RI	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 Zip: 02886	City: WARWICK State: RI Zip: 02886
Secretary Name: ARCELY CUEVAS	Treasurer Name: KEVIN RAINONE
Street Address: C/O C. BELANGER 3970 POST ROAD	Street Address: C/O C. BELANGER 3970 POST ROAD
City: WARWICK State: RI Zip: 02886	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 Zip: 02886	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 Zip: 02886	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

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Signature of Officer/Authorized Representative: Charles A Belanger

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