RI SOS Filing Number: 201993215460 Date: 5/15/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

MAY 1 5 2019 02

Annual Report for the year:	2019
Non-Profit Corporation	
Eiling period: June 1 - June 30	

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

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1. Entity ID Number	2. Exact name of	the Comoration						
47184	Rhode Island Pilots Association Inc.							
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island							
RI	Meeting to support General Aviation							
4. NAICS Code								
813990 - Other Similar Organi								
6. Principal Office Address			City	State	Zip			
1199 South Road	South Road			ri	02818			
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name James Bums			Vice-President Name William Arsenault					
Street Address 4158 Post Road			Street Address 19 Pine Street					
^{City} Warwick	State RI	^{Zip} 02886	City Rehoboth	State Ma	^{Zip} 02769			
Secretary Name Pauli Carrol			Treasurer Name Daniel Scanlon					
Street Address 260 Narraganset F	Park 12A	•	Street Address 1199 South Road					
City E Providence	State RI	^{Zip "} 02914 -	City E Greenwich.	State RI	^{Zip} 02818			
8. List ALL directors (names and ac	fdresses). RI Corp	porations MUST lis		ck the box to indicate	an attachment			
Director Name James Burns			Director Name Paul Carrol					
Street Address 4158 Post Road			Street Address 260 Narraganset Park 12A					
^{City} Warwick	State RI	^{Zip} 02886	City E Providence	State RI	^{Zip} 02914			
Director Name Frank Oliverira			Director Name					
Street Address 53 Brookdale			Street Address					
City Pawtucket	State RI	^{Zip} 02861	City	State	Zip			
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, Treesurer, duty Authorized Representative, Receiver or Trustee.								
Name of Officer/Authorized Representative			1	Date				
Daniel Scanlon	'M			May 11,2019				
Signature of Officer/Authorized Representative Sign DOCUMENT HERE 2000 500 6/11/19.								

MAIL TO:

Division of Business Services

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

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

FORM 631 - Revised: 03/2019