



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2019

STAMP

→ 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 944010		2. Exact name of the Corporation Resources Holding Society			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To acquire, hold and dispose of property for the benefit of charitable organizations.			
4. NAICS Code 531390					
6. Principal Office Address 336 Main Street			City Wakefield,	State RI	Zip 02879-2299
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name James V. Aukerman			Vice-President Name Sandra I. Berardo		
Street Address 9 Martingale Lane			Street Address 131 Woody Hill Road		
City Narragansett	State RI	Zip 02882	City Bradford	State RI	Zip 02808
Secretary Name Sandra I. Berardo			Treasurer Name Lois J. Dionne		
Street Address 131 Woody Hill Road			Street Address 75 Chickadee Lane		
City Bradford	State RI	Zip 02808	City South Kingstown	State RI	Zip 02879
8. List ALL directors (names and addresses) RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name James V. Aukerman			Director Name Sandra I. Berardo		
Street Address 9 Martingale Lane			Street Address 131 Woody Hill Road		
City Narragansett	State RI	Zip 02882	City Bradford	State RI	Zip 02808
Director Name Lois J. Dionne			Director Name		
Street Address 75 Chickadee Lane			Street Address		
City South Kingstown	State RI	Zip 02879	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.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative JAMES V. AUKERMAN					Date 5/31/19
Signature of Officer/Authorized Representative <i>James V. Aukerman</i>					FILED

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.n.gov

JUN 03 2019

BY 120 KM

FORM 631 - Revised: 03/2019