



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

FILED

JUN 20 2019

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Annual Report for the year: **2019**
 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 78271		2. Exact name of the Corporation RI ASSOCIATION OF ADMISSIONS OFFICERS			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island COLLEGE ADMISSIONS OFFICE			
4. NAICS Code 611310 - Colleges, Universit					
6. Principal Office Address PO BOX 6663		City PROVIDENCE	State RI	Zip 02940	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROSA CIUNCI		Vice-President Name			
Street Address PO BOX 6663		Street Address			
City PROVIDENCE	State RI	Zip 02940	City	State	Zip
Secretary Name RACHEL JORDAN		Treasurer Name OWEN BLIGH			
Street Address PO BOX 6663		Street Address PO BOX 6663			
City PROVIDENCE	State RI	Zip 02940	City PROVIDENCE	State RI	Zip 02940
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ROSA CIUNCI		Director Name OWEN BLIGH			
Street Address PO BOX 6663		Street Address PO BOX 6663			
City PROVIDENCE	State RZ	Zip 02940	City PROVIDENCE	State RZ	Zip 02940
Director Name RACHEL JORDAN		Director Name			
Street Address PO BOX 6663		Street Address			
City PROVIDENCE	State RZ	Zip 02940	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.					
<i>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.</i>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative OWEN BLIGH				Date 5/20/19	
Signature of Officer/Authorized Representative 					

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