



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

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.

FILED

JUN 20 2019

2190

RY

Rhode Island

1. Entity ID Number 1015091		2. Exact name of the Corporation Association of School Committees Purchasing Coop			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Assist School Committees making collaborative purchases of goods and services.			
4. NAICS Code 611110 - Elementary and					
6. Principal Office Address PO Box 7791			City Warwick	State RI	Zip 02887
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mary Anne Roll			Vice-President Name Liana Fenton		
Street Address 11 Lord Foxx Run			Street Address 53 Berkeley Avenue		
City Lincoln	State RI	Zip 02865	City Middletown	State RI	Zip 02842
Secretary Name Frederick Faerber			Treasurer Name Frederick Faerber		
Street Address 271 Sprague Street			Street Address 271 Sprague Street		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
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 Susant St. Amand			Director Name David Testa		
Street Address 7 Sidney Street			Street Address 1107 Narragansett Parkway		
City West Warwick	State RI	Zip 02893	City Warwick	State RI	Zip 02888
Director Name Carolyn Mark			Director Name Erin Dube		
Street Address 99 Larch Road			Street Address 311 Vine Street		
City East Greenwich	State RI	Zip 02818	City Pawtucket	State RI	Zip 02861
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.					
<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 Timothy C. Duffy				Date 06/18/2019	
Signature of Officer/Authorized Representative <p style="text-align: center;">SIGN DOCUMENT HERE</p>					

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