



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 134230  
2. Name of Corporation Forensic Archaeology Recovery  
3. State of Incorporation RHODE ISLAND  
4. Corporate address in Rhode Island - Street Address BROWN UNIVERSITY, BOX 1921  
City PROVIDENCE Zip 02912-  
5. Foreign corporation: Enter principal office address State Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

TO LOCATE, RECORD AND RECOVER HUMAN REMAINS AND ASSOCIATED PERSONAL EFFECTS AND OTHER MATERIALS AT MASS-CASUALTY DISASTER SCENES, TO ENTER SUCH MATERIALS AS EVIDENCE INTO A CHAIN OF CUSTODY FOR IDENTIFICATION

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Richard Gould Vice President Name None  
Street Address c/o Brown University, Box 1921  
City Providence State RI Zip 02912

Secretary Name Randi Scott Treasurer Name Richard Gould  
Street Address 235 River Farm Drive  
City East Greenwich State RI Zip 02818

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS  
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name Richard Gould Director Name Randi Scott  
Street Address c/o Brown University, Box 1921 Street Address 235 River Farm Drive  
City Providence State RI Zip 02912 City East Greenwich State RI Zip 02818

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

Agent Name Richard J. Land, Esq. Address Winograd, Shine & Zacks, P.C.  
City Providence Zip 02903

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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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.

Richard A. Gould 7/5/2005  
Signature of Officer Date  
Richard Gould  
Print or Type Name of Officer  
President  
Title of Officer

\*134230 DNP 06/22/05 01:43:44 PM\*

File Date 7-11-05  
Check No. 106  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY



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Director Name Richard Gould Director Name Randi Scott

Street Address c/o Brown University, Box 1921 Street Address 235 River Farm Drive

City Providence, RI State RI Zip 02912 City East Greenwich State RI Zip 02818

Director Name Stephen Morin Director Name

Street Address 136 Mount Pleasant Road Street Address

City North Smithfield State RI Zip 02896 City State Zip

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name Richard J. Land, Esq. Address Winograd, Shine & Zacks, P.C.

Address 123 Dyer Street City Providence State RI Zip

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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\*134230 DNP 06/24/04 12:52:42 PM\*

File Date 7/12/04

Check No. 1833

By: DA

FOR SECRETARY OF STATE USE ONLY

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.

Richard A. Gould 7/3/2004  
Signature of Officer Date

Richard Gould

Print or Type Name of Officer

President

Title of Officer

Form 631 Rev. 6/02