

FOR SECRETARY OF STATE USE ONLY

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

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NON-PROFIT CO Filing Period: June 1 - Jun	JKPUKAI	IUN ANNUA Fee: 520 00	L REPORT FOR T	HE YEAR 200	
(FORM MUST BE TYPED OR P	•				
1. Corporate ID No.	2. Name of Corpore	·			<del>-</del> -
134230		eology Recovery			
3. State of Incorporation		ss in Rhode Island -Street	Address	City	Zip
RHODE ISLAND	•	ERSITY, BOX 19		PROVIDENCE	02912-
5. Foreign corporation: Enter pr			City	State	Zip
,			•		
CASUALTY DISASTER SO	TO RECOVER HUN CENES, TO ENTE	MAN REMAINS AND BR SUCH MATERIAL	ASSOCIATED PERSONAL EFF 8 AS EVIDENCE INTO A CH	AIN OF CUSTODY FOR	RINDENTIFICATION
7. NAMES AND ADDRESS President Name	ES OF THE OFF	ICERS ("X" BOX FOR	ATTACHMENT)   FILL IN SPA Vice President Name	CES BEFORE USING ATTA	ACHMENTS
Richard Gould			None	<b>_</b> . <b>_</b>	
Street Address			* Street Address	- · - · ·	
c/o Brown Universi	ty, Box 1921	_			
City	State	Zip	City	State	<i>7.ip</i>
Providence	RI	02912			
Secretary Name	•••		Treasurer Name	• • • • • •	
Randi Scott			Richard Gould	<del></del> ·	-
Street Address			Street Address		
235 River Farm Dri	ve		.c/o Brown Univer	sity, Box 1921	
City	State	Zip	City	State .	Zip
East Greenwich	RI	;02818	<pre>. Providence</pre>	RI	02912
			OR ATTACHMENT)   FILL IN SI LAND) CORPORATION <u>SHALL N</u> I		
Director Name		<b>-</b> · -	Director Name	- •	
Richard Gould			Randi Scott		
Street Address			Sireei Address		<del></del> -
	Day 100	1	235 River Farm D	rivo	
c/o Brown Universi	State	Zip	City	State	Zip .
Providence	RI	λφ 02912	East Greenwich	RI	02818
Director Name			Director Name	, <b>, , , , , ,</b> , , , , , , , , , , , ,	
Stephen Morin			None		
			Street Address		
Sireei Address 136 Mount Pleasant	Poad		Sireer Address		
City	State -	- <sub>7in</sub>	City	State	Zip
North Smithfield	RI	<i>Zip</i>   02896	G <b>y</b>	biole	
			N	r c44 protitor	
	N RHODE ISLAN	ND -DO NOT ALTER- C	Changes require filling of	Form 641 -R.I.GL7-6-1.	3 / 7-6-78
Agent hame			Address	I D.O	
Richard J. Land, Esq.		_	Winograd, Shine & Z		
Address		-	City	Zip	
123 Dyer Street			Providence	02903	3
This report must be signe	d in ink by eithe	er the President, Vic	e President, Secretary, Assis	tant Secretary, Treasur	er, Receiver or Trustec
	01110 11616 IIIII 011				_
	BURNE MEREN HIM BEI				
1 3	4 2 3 0		Under penalty of perj	ury, I declare and affirm the	at I have examined
				any accompanying schedul	
*134230 DNP 06/22/05	01:43:44 PM*		and that all statement	s contained herein are true	and correct.
			$\bigcirc$ . $\bigcirc$ . $\bigcirc$	x ~ 00	7/2/222
File Date 7-11-5+			Kishard	4. Gould	7/5/2005
Check No. 106			Signature of Officer	Do	ote
Check No.	<del>, ·</del>	- 1	Richard Gou		
l ()			Print or Type Name of	Officer	

President

Form 631 Rev. 6/02

Title of Officer

Form 631 Rev. 6/02

Richard Gould
Print or Type Name of Officer

**President** 

Title of Officer



1833

FOR SECRETARY OF STATE USE ONLY

Check No.

NON-PROFIT ( Filing Period: June 1 - J	CORPORA	ATION ANNU	JAL REPORT FO	OR THE YEAR _	2004		
FORM MUST BE TYPED OF		•					
I. Corporate ID No.	2. Name of Co.			<b></b> -			
134230	Forensic Ar	chaeology Recovery					
3. State of Incorporation	4. Corporate a	ddress in Rhode Island -Si	reel Address	City	7.ip		
RHODE ISLAND	c/o Brown	University, Box	(1921	Providence	02912		
5. Foreign corporation: Enter			City	State	Zip		
			:		•		
	AND RECOVER	HUMAN REMAINS AN	D ASSOCIATED PERSONA	AL EFFECTS AND OTHER O A CHAIN OF CUSTODY			
7. NAMES AND ADDRE President Name	SSES OF THE O	FFICERS ("X" BOX I	FOR ATTACHMENT) TILL Vice President Name	IN SPACES BEFORE USING.	ATTACHMENTS		
Richard Gould			None				
Street Address			Street Address				
c/o Brown Univers	sity, Box 19	921					
City	State	Zip	City	State	Zip		
Providence	RI	02912		·	•		
Secretary Name	• • •		Treasurer Name	• • • • •			
Randi Scott			Richard Gou	ld			
Street Address			Sireei Address				
235 River Farm Dr	rive			niversity, Box 192	1		
City	State	Zip	Cin.	State	Zip		
East Greenwich	RI	02818	Providence	RI	02912		
Director Name  Richard Gould  Street Address		A DUMESTIC (RHODE	Director Name Randi Scott Street Address	HALL NOT BE LESS THAN TH	<u>REE</u> (3).R.I.G.L 7-6-23		
c/o Brown Univers	sity Roy 1	921		Farm Drive			
City	State	Zip	City	State	7:-		
Providence, RI	RI	02912	Enst Greev	- 1	02818		
Director Name		•	Director Name	IMIĆAI	0.2010		
Stephen Morin			Director Name				
Sireei Address	·		Street Address				
136 Mount Pleasar	nt Road		Sireer Audress				
City	State		:Ciry	Stale	Zip		
North Smithfield	RI	02896	,	Sibile	2.10		
			Changes require fills	ng of Form 641 -R.I.GL7	-6-13 / 7-6-78		
Richard J. Land, Esq.				Winograd, Shine & Zacks, P.C.			
Address			City	Zip			
123 Dyer Street			Providence	RI			
This report must be sign	r <b>ed in ink</b> by ei	ther the President,	Vice President, Secretary,	Assistant Secretary, Trea	- surer, Receiver or Truste		
					_		
	IIK <b>Gidad İrbad</b> iilik <b>adı</b>						
1 3	4 2 3 0			of perjury, I declare and affirm			
		<del></del> 1	this report, inc	cluding any accompanying sch	edules and statements,		
*134230 DNP,06/24/0	)4 12:52:42 PM	1*	and that all sta	atements contained herein are	iruc and correct.		
File Date 7/12	04	_	Richa	rl A. Gould	7/3/2004		
100	<b>¬</b>		Signature of Of	ficer	Date		