



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

Annual Report for the year:
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

JUL 30 2019

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BUS SVCS DIV
2019 JUL 30 AM 11:08

1. Entity ID Number 30498		2. Exact name of the Corporation RHODE ISLAND MINERAL HUNTERS			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island STUDY OF MINERALS, CRYSTALS, FOSSILS AND ALL ASPECTS OF EARTH SCIENCES			
4. NAICS Code 61110					
6. Principal Office Address 43 MADELEINE AVE			City WOONSOCKET	State RI	Zip 02895
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name SHERIE BLENNERHASSETT			Vice-President Name ANTHONY CESANA		
Street Address 22 LANTERN RD			Street Address 35 ST. PAUL ST.		
City SMITHFIELD	State RI	Zip 02917	City NORTH SMITHFIELD	State RI	Zip 02896
Secretary Name BILL WILSON			Treasurer Name CLAIRE COOPER		
Street Address 49 B PHEASANT RUN			Street Address 43 MADELEINE AVE		
City SMITHFIELD	State RI	Zip 02917	City WOONSOCKET	State RI	Zip 02895
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 ERNIE ZIELINSKI			Director Name DANTE CAPRARA		
Street Address 22 SUSAN CT			Street Address 95 LOCUST VALLEY ROAD		
City NORTH KINGSTOWN	State RI	Zip 02852	City EXETER	State RI	Zip 02822
Director Name LOU FAZZINA			Director Name		
Street Address 7 HOME STEAD AVE			Street Address		
City SMITHFIELD	State RI	Zip 02917	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					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative CLAIRE COOPER					Date 6/25/19
Signature of Officer/Authorized Representative CLAIRE COOPER					

SIGN DOCUMENT HERE