



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2019**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 905623		2. Exact name of the Corporation RHODE ISLAND PAWNBROKERS ASSOCIATION, INC.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island To elevate the pawn industry in the State of Rhode Island through education, mentoring and legislation and to accurately represent pawnbrokers and their interests.			
5. Principal office address 848 Newport Avenue		City Pawtucket	State RI	Zip 02861	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Cliff Frye		Vice-President Name None			
Street Address 170 Paul Lizotte Drive		Street Address			
City North Attleboro	State MA	Zip 02760	City	State	Zip
Secretary Name Scott Frye		Treasurer Name None			
Street Address 10 Farrier Way		Street Address			
City Plainville	State MA	Zip 02762	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Cliff Frye		Director Name Scott Frye			
Street Address 170 Paul Lizotte Drive		Street Address 10 Farrier Way			
City North Attleboro	State MA	Zip 02760	City Plainville	State MA	Zip 02762
Director Name Eric Frye		Director Name None			
Street Address 9 Shire Way		Street Address			
City Plainville	State MA	Zip 02762	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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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.

Signature of Officer or Authorized Representative

Date

Cliff Frye, Director

Print or Type Name of Officer or Authorized Representative