RI SOS Filing Number: 202041738980 Date: 6/8/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

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 08 2020
7416

1. Entity ID Number	2. Exact name of the Corporation
791505	STATE OF THE STATE COMMUNICATIONS
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: PRODUCTION AND BROADCAST OF A PUBLIC ACCESS T.V. SHOW—"STATE OF THE STATE"—TO EDUCATE AND PROMOTE CIVIC AWARENESS AND PARTICIPATION BY USE OF COMMUNICATIONS MEDIA.
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
640 WEAVER HILL ROAD	WEST GREENWICH	RI	02817

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
JOHN M. CARLEVALE, SR.	NONE
Street Address: 640 WEAVER HILL ROAD	Street Address:
City: WEST GREENWICH; State: R.I.; Zip: 02817	City: ; State: ; Zip:
Secretary Name	**Treasurer Name**
SUSAN AIKEN	JOHN M CARLEVALE, SR.
Street Address: 252 PAYTON AVENUE	Street Address: 640 WEAVER HILL ROAD
City: WARWICK; State: R.I.; Zip: 02889	City: WEST GREENWICH; State: R.I.; Zip: 02817

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
JOHN M. CARLEVALE, SR.	ROY PRUETT
Street Address: 640 WEAVER HILL ROAD	Street Address: 7 GRACE AVENUE
City: WEST GREENWICH; State: R.I; Zip: 02817	City: COVENTRY; State: R.I.; Zip: 02816
Director Name	**Director Name**
SUSAN AIKEN	FRANK LOMBARDO
Street Address: 252 PAYTON AVENUE	Street Address: 33 ACORN LANE
City: WARWICK; State: R.I; Zip: 02889	City: WEST WARWICK; State: R.I.; Zip: 02893

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	Date
JOHN M. CARLEVALE, SR	6-5-2020

Signature of Officer/Authorized Representative: John M Carlevale, SR.

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