Date: 7/2/2020 4:00:00 PM RI SOS Filing Number: 202044059000



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

Non-Profit Corporation

-> Fiting period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED JUL 0 2 2020	
JUL 0 2 2020 0V	

1. Entity ID Number 31242	2. Exact name of the Corporation Rhode Island Zoological Society					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Ri	To support the mission and purpose of Roger Williams Park Zoo.					
4. NAICS Code	To support the mission and purpose of Noger Williams Park 200.					
813920 - Professional Organ						
6. Principal Office Address	<u>.L</u>		City	State	Zip	
1000 Elmwood Avenue			Providence	RI	02907	
7. List ALL officers (names and ad			<u>l</u>	Check the box to indic	ate an attachment	
President Name Maribeth Williamson			Vice-President Name Howard Merten			
Street Address 450 Wakefield Street			Street Address 180 South Main Street			
City West Warwick	State RI	Zip 02827	City Providence	State RI	Zip 02903	
Secretary Name Margaret Fergu	cretery Name Margaret Ferguson			Treasurer Name Sandra L. Colletta		
Street Address 511 Sisson Road			Street Address 45 Willard Avenue			
^{City} Greene	State RI	Zip 02827	City Providence	State RI	^{2)p} 02905	
8. List ALL directors (names and a	ddresses). RI C	orporations MUST	list at least THREE directors.	Charly the how to indic	un an attachment 📝	
Director Name Maribeth Williamson			Check the box to indicate an attachment Director Name Howard Merten			
Street Address 450 Wakefield Street			Street Address 180 South Main Street			
City West Warwick	State RI	Zip 02827	City Providence	State RI	^{Ζίρ} 02903	
Director Name Margaret Ferguson			Director Name Sandra L. Colletta			
Street Address 811 Sisson Road			Street Address 45 Willard Avenue			
City Greene	State RI	Zip 02827	City Providence	State RI	Zip 02905	
9. Registered Agent in Rhode Islan	nd. This information	on is currently of reco	rd in the Department of State. Cha	nges require filing Form 64	1.	
Under penalty of perjury, I decla statements, and that all stateme	re and affirm ti nts contained i	hat I have examine herein are true and	d this report, including any a	accompanying schedu	iles and	
This report must be signed by either the Pre-	sident, Vice-Preside	nt, Secretary, Assistant S	ecretary, Treasurer, duly Authorized Re	apresentative, Receiver or Trus		
Name of Officer/Authorized Representative						
MARIBETH Q. WILLIAMSON 6/24/2020 Signature of Officer/Authorized Representative						
Signature of Officer/Authorized Rep	coresentative COMM	2 1 41.	MATCH DOWN			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov