



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2019

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.

 2020 OCT -9 AM 11:42
 RI DEPT OF STATE
 BUSINESS DIV

1. Entity ID Number 001018621		2. Exact name of the Corporation Aquidneck Island Robotics, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island CHARITABLE			
4. NAICS Code 624110 - Child and Youth Ser <input type="checkbox"/>					
6. Principal Office Address P.O. BOX 4475			City Middletown	State RI	Zip 02842
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
President Name Katherine Blight			Vice-President Name Michael DeSousa		
Street Address 124 Sherwood Drive			Street Address 381 Congdon Drive		
City Portsmouth	State RI	Zip 02871	City North Kingstown	State RI	Zip 02874
Secretary Name Susan Hager			Treasurer Name Richard Blight		
Street Address 65 Friends Street			Street Address 124 Sherwood Drive		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment					
Director Name Darlene Sullivan			Director Name Katherine Bosch		
Street Address 2267 East Main Road			Street Address 118 10th Street		
City Portsmouth	State RI	Zip 02871	City Providence	State RI	Zip 02906
Director Name Lisa Janssen			Director Name		
Street Address 9 Richard Drive			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Katherine Blight				Date 10-01-2020	
Signature of Officer/Authorized Representative <i>Katherine P Blight</i>				FILED	

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

OCT 09 2020
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 FORM 631 - Revised: 08/2020