



State of Rhode Island  
**Department of State - Business Services Division**

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

**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.

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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.					
<b>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.</b>					
<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>				<b>FILED</b>	

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

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 FORM 631 - Revised: 08/2020