



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2018

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

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	Zip 02871	City North Kingstown	State RI	Zip 02874
Secretary Name Richard Blight			Treasurer Name Heather Lynch		
Street Address 124 Sherwood Drive			Street Address 31 Harris Ave		
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 Stephanie Mediate			Director Name John Casey		
Street Address 31 Islington Avenue			Street Address 14 Prescott Hall Road		
City Portsmouth	State	Zip 02871	City Newport	State RI	Zip 02840
Director Name Richard Blight			Director Name		
Street Address 124 Sherwood 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 Blight</i>					

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

FILED

OCT 09 2020

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FORM 631 - Revised: 08/2020