RI SOS Filing Number: 202196691590 Date: 5/18/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
MAY 18 2021
BY

Annual Report for the year: 2021
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	2. Exact name of the Corporation
78271	RI ASSOCIATION OF ADMISSIONS OFFICERS
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island
RI	COLLEGE ADMISSIONS OFFICES
4. NAICS Code 611310	

6. Principal Office Address	City	State	Zip
PO BOX 6663	PROVIDENCE	RI	02940

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

President Name OWEN BLIGH			Vice-President Name RACHEL LITTLEFIELD		
Street Address PO BOX 6663			Street Address PO BOX 6663		
City PROVIDENCE	State RI	Zip 02940	City PROVIDENCE	State RI	Zip 02940
Secretary Name RYAN CREPS			Treasurer Name BRIANNA MONTECALVO		
Street Address PO BOX 6663			Street Address PO BOX 6663		
City PROVIDENCE	State RI	Zip 02940	City PROVIDENCE	State RI	Zip 02940

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

Director Name OWEN BLIGH			Director Name RACHEL LITTLEFIELD		
Street Address PO BOX 6663			Street Address PO BOX 6663		
City PROVIDENCE	State RI	Zip 02940	City PROVIDENCE	State RI	Zip 02940
Director Name RYAN CREPS			Director Name BRIANNA MONTECALVO		
Street Address PO BOX 6663			Street Address PO BOX 6663		
City PROVIDENCE	State RI	Zip 02940	City PROVIDENCE	State RI	Zip 02940

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.

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
BRIANNA MONTECALVO	MAY 15, 2021
Signature of Officer/Authorized Representative: Brianna Montecalvo	

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

FORM 631 - Revised: 08/2020