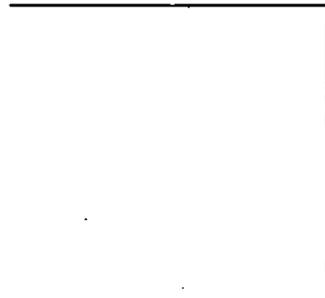




Department of State - Business Services Division



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.

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1. Entity ID Number <b>001335922</b>	2. Exact name of the Corporation <b>RP- ALARA Association</b>		
3. State of Incorporation <b>RI</b>	5. Brief description of the character of business conducted in Rhode Island <b>Bookkeeping and coordinates association conferences</b>		
4. NAICS Code <b>561110</b>			

6. Principal Office Address <b>354 Shore Road</b>		City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
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7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
President Name <b>Jeff Fontaine</b>		Vice-President Name <b>Joe Coughlin</b>		
Street Address <b>P.O. Box 4</b>		Street Address <b>35100 South Rt 53</b>		
City <b>Shippingport</b>	State <b>PA</b>	Zip <b>25010</b>	City <b>Braceville</b>	State <b>IL</b>
Secretary Name <b>Bob French</b>		Treasurer Name <b>Kinsey Boehl</b>		
Street Address <b>1550 Oxen Lane NE</b>		Street Address <b>626 Lafayette Rd</b>		
City <b>Burlington</b>	State <b>KS</b>	Zip <b>66839</b>	City <b>Seabrook</b>	State <b>NH</b>

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 <b>William Scarberry</b>		Director Name <b>Lloyd Frink</b>		
Street Address <b>348 Lake Road</b>		Street Address <b>450 Broadway</b>		
City <b>Oswego</b>	State <b>NY</b>	Zip <b>13126</b>	City <b>Buchanan</b>	State <b>NY</b>
Director Name <b>David Martin</b>		Director Name		
Street Address <b>1717 Wakonade Dr. E</b>		Street Address		
City <b>Welch</b>	State <b>MN</b>	Zip <b>55089</b>	City	State

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 <b>Deidre McNeill</b>	Date <b>6-3-21</b>
Signature of Officer/Authorized Representative <i>DMcNeill</i>	

**FILED**  
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