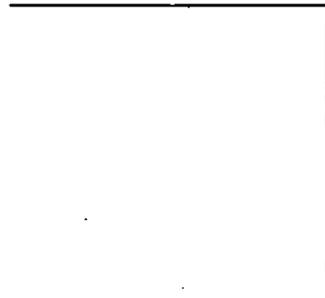




State of Rhode Island
Department of State - Business Services Division



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.

RECEIVED
 R.I. DEPT OF STATE
 BUS SVCS DIV
 2021 JUN - 11 PM 4: 11

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

6. Principal Office Address 354 Shore Road	City Westerly	State RI	Zip 02891
--	-------------------------	--------------------	---------------------

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jeff Fontaine		Vice-President Name Joe Coughlin	
Street Address P.O. Box 4		Street Address 35100 South Rt 53	
City Shippingport	State PA	City Braceville	State IL
Secretary Name Bob French		Treasurer Name Kinsey Boehl	
Street Address 1550 Oxen Lane NE		Street Address 626 Lafayette Rd	
City Burlington	State KS	City Seabrook	State NH
Zip 25010	Zip 60407	Zip 66839	Zip 03874

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name William Scarberry		Director Name Lloyd Frink	
Street Address 348 Lake Road		Street Address 450 Broadway	
City Oswego	State NY	City Buchanan	State NY
Director Name David Martin		Director Name	
Street Address 1717 Wakonade Dr. E		Street Address	
City Welch	State MN	City	State
Zip 55089	Zip	Zip	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.

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

FILED
 JUN 07 2021
 16 MCE 12
 4:13

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