



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BUS SVCS DIV

2023 FEB 14 A 11:02

1. Entity ID Number 000944010		2. Exact name of the Corporation Resources Holding Society			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS DESCRIBED UNDER SECTION 501C3 OF THE IRS CODE.			
4. NAICS Code 813312					
6. Principal Office Address 336 Main Street Suite 2		City 336 Main Street Suite 2	State RI	Zip 02879	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James V. Aukerman		Vice-President Name Jamie M. Remler			
Street Address PO Box 30		Street Address 336 Main Street Suite 2			
City Grantham	State NH	Zip 03753	City Wakefield	State RI	Zip RI
Secretary Name Stephanie Mackun		Treasurer Name Jamie M. Remler			
Street Address 336 Main Street Suite 2		Street Address 336 Main Street Suite 2			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 James V. Aukerman		Director Name Jamie M. Remler			
Street Address PO Box 30		Street Address 336 Main Street Suite 2			
City Grantham	State NH	Zip 03753	City Wakefield	State RI	Zip 02879
Director Name Stephanie Mackun		Director Name			
Street Address 336 Main Street Suite 2		Street Address			
City Wakefield	State RI	Zip 02879	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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.</i>					
<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 James V. Aukerman				Date 2/2/2023	
Signature of Officer/Authorized Representative <i>James V. Aukerman, President</i>				FILED	

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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