	State of Rhode Office of the Secret		Fee: \$20.00	
	Division Of Busines	s Services		
	148 W. River S			
	Providence RI 029			
7636	(401) 222-30)40		
Non-Profit Corporation				
Annual Report Filing Period: February 1 - May	/ 1			
In accordance with R.I.G.L. 7-6 annual report within the time p	· · · · · ·			
penalty fee of \$25.00.				
ANNUAL REPORT YEAR: 202	3			
1. Corporate ID No. 0005	14628			
2. Name of Corporation <u>The</u>	Hummel Report			
3. State of Incorporation				
State: <u>RI</u>				
	ARTICLE III			
Using the dropdown labeled N primary type of activity in whic populate a NAICS Code based box on the right. For further as	ch your entity engages. The d on the chosen selection. If	box to the right of the the NAICS Code is ki	e dropdown will	
NAICS Code				
813319				
4. Principal Office Address				
	THWOOD DRIVE			
City or Town: <u>BARRIN</u>	<u>GIUN</u> SI	ate: <u>RI</u> Zip: <u>02806</u>	Country: <u>USA</u>	
5. Brief Description of the Ch	aracter of the Affairs Cond	ucted in Rhode Island	ł	
EXCLUSIVELY FOR THE	PURPOSE OF INVESTIC	ATING AND FYPO	SING	
EXCLUSIVELY FOR THE PURPOSE OF INVESTIGATING AND EXPOSING GOVERNMENTA WASTE AND CORRUPTION IN THE STATE OF RI				
6. Names and Addresses of t				
All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.				
Title	Individual Name	Add	ress	
1				

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
PRESIDENT	JIM HUMMEL	8 HEARTHWOOD DRIVE BARRINGTON, RI 02806 USA	
DIRECTOR	NICHOLAS GORHAM	25 DANIELSON PIKE NORTH SCITUATE, RI 02857 USA	
DIRECTOR	ROBERT MIGLIACCIO	118 FERRY LN BARRINGTON, RI 02806 USA	
DIRECTOR	CAROL YOUNG	3 SYLVIA LN LINCOLN, RI 02865 USA	
DIRECTOR	JACK DEAMORIM	500 COUNTY RD. BARRINGTON, RI 02806 USA	
DIRECTOR	GREG PORCARO	2258 POST ROAD WARWICK, RI 02886 USA	
DIRECTOR	ARLENE VIOLET	499 COUNTY RD. BARRINGTON, RI 02806 USA	

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

WILLIAM FELKNER 14 HIGH STREET ASHAWAY , RI 02804

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 27 Day of March, 2023 at 7:07:15 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By WILLIAM J FELKNER

Signature of Authorized Person

Form No. 631 Revised 09/07

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