



State of Rhode Island  
Department of State - Business Services Division

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R.I. DEPT. OF STATE  
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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.

1. Entity ID Number <b>000038339</b>		2. Exact name of the Corporation <b>Rhode Island Republican State Central Committee</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Political Organization</b>			
4. NAICS Code <b>813940</b>					
6. Principal Office Address <b>1800 Post Road, Suite 17-1</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
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>Joseph Powers</b>		Vice-President Name <b>Jessica Drew Day</b>			
Street Address <b>200 Pippin Orchard Road</b>		Street Address <b>821 Mooresfield Road</b>			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02874</b>
Secretary Name <b>Mary Lou Sanborn</b>		Treasurer Name <b>Lance Chappell</b>			
Street Address <b>21 Bay View Drive</b>		Street Address <b>754 Ministerial Rd</b>			
City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>	City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Joseph Powers</b>		Director Name <b>Steve Frias</b>			
Street Address <b>200 Pippin Orchard Road</b>		Street Address <b>107 Garden Hills Drive</b>			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Director Name <b>Sue Cienki</b>		Director Name			
Street Address <b>85 Walnut Drive</b>		Street Address			
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	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 <b>Daniel P. Reilly, Esq.</b>					Date <b>08/22/23</b>
Signature of Officer/Authorized Representative 					<b>FILED</b>

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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BY ML VMK PS  
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