



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021

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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1. Entity ID Number 000038339		2. Exact name of the Corporation Rhode Island Republican State Central Committee			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Political Organization			
4. NAICS Code 813940					
6. Principal Office Address 1800 Post Road, Suite 17-1			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sue Cienki			Vice-President Name Russ Hryzan		
Street Address 85 Walnut Drive			Street Address 236 California Ave		
City East Greenwich	State RI	Zip 02818	City Providence	State RI	Zip 02905
Secretary Name Mary Lou Sanborn			Treasurer Name David Shepherd		
Street Address 21 Bay View Drive			Street Address 154 Bear Hill Road		
City Jamestown	State RI	Zip 02835	City Cumberland	State RI	Zip 02864
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 Sue Cienki			Director Name Steve Frias		
Street Address 85 Walnut Drive			Street Address 107 Garden Hills Drive		
City East Greenwich	State RI	Zip 02818	City Cranston	State RI	Zip 02920
Director Name Lee Ann Sennick			Director Name		
Street Address 493 Walnut Hill Road			Street Address		
City Woonsocket	State RI	Zip 02895	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 Daniel P. Reilly, Esq.					Date 08/24/23
Signature of Officer/Authorized Representative 					

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

FILED

AUG 23 2023
BY ML VMKPS
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FORM 631- Revised 04/2023