

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 · This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAII	LURE TO FILE T	HIS REPORT BY JU	JLY 30 WILL RESULT IN A \$25.00	PENALTY F	EE.				
1. Entity ID No.	2. Exact name of the Corporation								
136583	Rhode Island Affirmative Action Professionals								
3. State of Incorporation	,	Brief description of the character of business conducted in Rhode Island							
RI	Tofoste	To foster and promote the development of individuals involved in equal opportunity and affirmative action planning							
5. Principal office address 557 Schube Ave.	and progi	rams.	Cranston	State 1	^{Zip} 02921				
6. LIST <u>ALL</u> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)									
President Name James Vincent			Soyce O'Connor						
Street Address 557 Scituate Avenue			797 Westminster Street						
Cranston	State RI	029/	Providence	State T	^{zi} 02903				
Secretary Name LYNN CORWIN			Treasurer Name Elmer C. Pina						
Street Address 50 Valley Street			Street Address 145 Taunton Avenue						
Providence	State	^{Zip} 0 2 909	city East Arovidence	State	^{Zip} 3a914				
7. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (8) DIRECTORS ("X" BOX FOR ATTACHMENT).									
Director Name James Vincent			Joyce O'Connor						
Street Address 557 Scituate Avenue			Street Address 797 Westminster Street						
Cranston	State RT	<u>0</u> 9491	Providence	State	^{Zig} 03903				
Director Name			Director Name Elmer C. Pina						
Street Address			Street Address 145 Taunton Avenue						
City	State	Zip	city East Providence	State	02914				
8. REGISTERED AGENT IN RHODE ISLAND									
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.									
This report must be signed by eith or Trustee	er the President, Vi	ce-President, Secretary	y, Assistant Secretary, Treasurer, duly A	uthorized Rep	resentative, Receiver				

	Under penalty of perjury, I declare and affirm that I have this report, including any accompanying schedules and	state	e nen	
Check No. 200 (1997)	and that all statements contained herein are true and con	Tect.		Ç
BY 111 W 91 834 1102 FOR SECRETARY OF STATE USE ONLY	Signature of Officer or Authorized Representative	Pate	†	
_VIG SHOITAROARUU	FILED James Vincent			
SECRETARY (Market Market Pages)	FEB 16 2016 Print or Type Name of Officer or Authorized Representative			
	By 20 11X			