



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 **2017**

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

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 28791		2. Exact name of the Corporation Others, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Religious, charitable, scientific, literary or assisting in educational purposes, or for the prevention of cruelty to children.			
5. Principal office address 6 Lee Drive		City Warren	State RI	Zip 02885	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Meriel W. Smith			Vice-President Name		
Street Address 6 Lee Drive			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
Secretary Name			Treasurer Name Tracy J. Ukura		
Street Address			Street Address 6 Lee Drive		
City	State	Zip	City Warren	State RI	Zip 02885
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Edward Wilbur			Director Name Jo-Ann Wilbur		
Street Address 2 Alan Drive			Street Address 2 Alan Drive		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Lane Ukura			Director Name		
Street Address 15 Bay View Avenue			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
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 either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

FILED

JUN 23 2017

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Meriel W. Smith

Signature of Officer or Authorized Representative

Date

Meriel W. Smith, President

Print or Type Name of Officer or Authorized Representative

BY _____