

Open Meetings Public Body Information Form

Date submitted: _____

Overseeing body name: _____

Public Body

Name: _____

Authorizing statute: _____

Mailing address: _____

Web address: _____

Public Contact | This information will be posted on the Secretary of State Open Meetings Website.

Name: _____

Email address: _____

Phone number: _____

Filer | All filers must have a valid email address.

First name: _____

Last name: _____

Email address: _____

Please return this form to your Filing Coordinator:

Please detach and keep for future reference:

To update the filer information submitted to the secretary of state open meetings website, please send an amended form to your filing coordinator.

Your filing coordinator's name is: _____

Email/phone: _____

The public body information form is available at www.sos.ri.gov/publicinfo/openmeetings/