



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2651  
401.222.3000

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>111265</b>		2. Name of Corporation <b>New England Assembly of Nurse Anesthetists, Inc.</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Corporate address in Rhode Island - Street Address <b>1 Worthington Rd. Cranston</b>		City <b>Cranston</b>	Zip <b>02920</b>
5. Foreign corporation. Enter principal office address			City	State	Zip
5. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>The promotion of Nurse Anesthesia, The facilitation of the continuing education of Nurse Anesthetists.</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Cheryl Burns Mullett</b>			Vice President Name <b>Flo Egan</b>		
Street Address <b>1 Worthington Rd.</b>			Street Address <b>1 Worthington Rd.</b>		
City <b>Cranston</b>	State <b>R.I.</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>R.I.</b>	Zip <b>02920</b>
Secretary Name <b>Lynda Gillan</b>			Treasurer Name <b>Anne E. Tierney</b>		
Street Address <b>1 Worthington Rd.</b>			Street Address <b>1 Worthington Rd.</b>		
City <b>Cranston</b>	State <b>R.I.</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>R.I.</b>	Zip <b>02920</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name <b>Joyce Marcelonis</b>			Director Name <b>Jane St. Pierre</b>		
Street Address <b>49 Smith Rd.</b>			Street Address <b>89 Philbrick Rd.</b>		
City <b>Charlton</b>	State <b>MA</b>	Zip <b>01507</b>	City <b>Sidney</b>	State <b>Maine</b>	Zip <b>04330</b>
Director Name <b>Janice Carey</b>			Director Name <b>Frank Valenti</b>		
Street Address <b>P.O. Box 857</b>			Street Address <b>43 Ash Hill Rd.</b>		
City <b>Burlington</b>	State <b>MA</b>	Zip <b>01803</b>	City <b>Plymouth</b>	State <b>N.H.</b>	Zip <b>03264</b>
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name <b>Anne E. Tierney, CRNA</b>			Address <b>4 Diana Drive</b>		
Address <b>Pawtucket</b>			City <b>Pawtucket, RI</b>	Zip <b>02861</b>	

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

*Cheryl Burns Mullett* 7/2/08  
Signature of Officer Date

Print or Type Name of Officer

File Date	<b>FILED</b>
Check No.	<b>JUL 08 2008</b>
By:	<b>By: 062848 11:43</b>
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