



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 02904-2615  
401.222.3040

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007**

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>90617</b>		2. Name of Corporation <b>HUMAN RESOURCE MANAGEMENT ASSOCIATION OF RI, INC</b>	
3. State of Incorporation <b>RI</b>		4. Corporate address in Rhode Island - Street Address <b>1643 WARWICK AVENUE PMB 298</b>	
		City <b>WARWICK</b>	Zip <b>02889</b>
5. Foreign corporation. Enter principal office address		City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCE INDIVIDUALS</b>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>DAVID L. GOLOMAN, SPHR</b>		Vice President Name <b>DIANE M. BUERGER, SPHR</b>	
Street Address <b>164 SUMMIT AVE.</b>		Street Address <b>1 SERVICE ROAD</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02906</b>		Zip <b>02905</b>	
Secretary Name <b>LAURIE RAMAKER</b>		Treasurer Name <b>DONNA DIAS</b>	
Street Address <b>1643 WARWICK AVE #111</b>		Street Address <b>2000 PLAINFIELD PIKE</b>	
City <b>WARWICK</b>	State <b>RI</b>	City <b>CRAWSTON</b>	State <b>RI</b>
Zip <b>02889</b>		Zip <b>02921</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>JUDY CLARE</b>		Director Name <b>DIANE KARCZ</b>	
Street Address <b>1150 DOUGLAS PIKE</b>		Street Address <b>12 TURNER RD</b>	
City <b>SMITHFIELD</b>	State <b>RI</b>	City <b>MIDDLETOWN</b>	State <b>RI</b>
Zip <b>02917</b>		Zip <b>02842</b>	
Director Name <b>JAN ROULIN, SPHR</b>		Director Name <b>JACKIE DUBE</b>	
Street Address <b>95 SOCKANOSSETT CROSSEMOUS</b>		Street Address <b>24 SCHOOL ST.</b>	
City <b>CRAWSTON</b>	State <b>RI</b>	City <b>NEWPORT</b>	State <b>RI</b>
Zip <b>02920</b>		Zip <b>02840</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>ALICE STANFORD</b>		Address <b>1643 WARWICK AVENUE PMB 298</b>	
Address		City <b>WARWICK</b>	Zip <b>02889</b>

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

**FILED**  
**JUL 09 2008**  
**BY AMF**  
**3:56 PM**  
**63022**

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.

**JACK HUTTON** 7.9.08  
Signature of Officer Date

**JACK HUTTON**  
Print or Type Name of Officer

**CHAPTER MANAGER**  
Title of Officer

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY