



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 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. 103008		2. Name of Corporation Association of Certified Fraud Examiners, Rhode Island Chapter, Inc.			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address P.O. Box 6671		City PROVIDENCE	Zip 02940
5. Foreign corporation. Enter principal office address		City		State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Promotion of Fraud deterrence and detection, and the fostering of skills in the disciplines of accounting, auditing, criminology, investigation, law and ethics.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ALAN H. RYDER, CFE, CPA			Vice President Name JARED B. WILBUR, CCE		
Street Address P.O. Box 6671			Street Address P.O. Box 6671		
City PROVIDENCE	State RI	Zip 02940	City PROVIDENCE	State RI	Zip 02940
Secretary Name REBECCA SPECHT, CFE, CPA			Treasurer Name ANDREA BUTOLA, CFE, CPA		
Street Address P.O. Box 6671			Street Address P.O. Box 6671		
City PROVIDENCE	State RI	Zip 02940	City PROVIDENCE	State RI	Zip 02940
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input checked="" 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 MARGARET CASTER, CFE, CPA			Director Name DAVID COVINO, CFE, ALHC		
Street Address P.O. Box 6671			Street Address P.O. Box 6671		
City PROVIDENCE	State RI	Zip 02940	City PROVIDENCE	State RI	Zip 02940
Director Name JULIE STEFFES, CFE, CPA, CVA			Director Name JEAN LEHMAN, CPA		
Street Address P.O. Box 6671			Street Address P.O. Box 6671		
City PROVIDENCE	State RI	Zip 02940	City PROVIDENCE	State RI	Zip 02940
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 PAUL D. RAGOSTA			Address		
Address ONE TURKS HEAD PLACE, SUITE 1450			City PROVIDENCE		Zip 02903

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



1 0 3 0 0 8

FILED	
File Date	JUL 22 2008
Check No.	
By	By 1255
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.

Signature of Officer Jared B. Wilbur Date 7/11/08
Print or Type Name of Officer JARED B. WILBUR
Title of Officer Vice President

Attachment to **NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**
Association of Certified Fraud Examiners, Rhode Island Chapter, Inc.
Corporate ID No.: **103008**

Director Name:	Phil Benvenuti, CFE, CIA, FCLS
Street Address:	P.O. Box 6671
City:	Providence
State:	RI
Zip:	02940

FILED

JUL 22 2008

By 1255