



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 2009**

**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.<br><b>416232</b>                                                                                                                                                                |                    | 2. Name of Corporation<br><b>Rhode Island Municipal Insurance Corporation</b>       |                                                     |                           |                     |
| 3. State of Incorporation<br><b>RI</b>                                                                                                                                                              |                    | 4. Corporate address in Rhode Island - Street Address<br><b>86 Weybosset Street</b> |                                                     | City<br><b>Providence</b> | Zip<br><b>02903</b> |
| 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<br><b>To create a cooperative risk management program pursuant to R.I.G.L. Section 45-5-20.1.</b> |                    |                                                                                     |                                                     |                           |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                                                   |                    |                                                                                     |                                                     |                           |                     |
| President Name<br><b>Rocco Gesualdi</b>                                                                                                                                                             |                    |                                                                                     | Vice President Name<br><b>Robert Parker</b>         |                           |                     |
| Street Address<br><b>2000 Smith Street</b>                                                                                                                                                          |                    |                                                                                     | Street Address<br><b>1385 Hartford Avenue</b>       |                           |                     |
| City<br><b>North Providence</b>                                                                                                                                                                     | State<br><b>RI</b> | Zip<br><b>02911</b>                                                                 | City<br><b>Johnston</b>                             | State<br><b>RI</b>        | Zip<br><b>02919</b> |
| Secretary Name<br><b>Robert Parker</b>                                                                                                                                                              |                    |                                                                                     | Treasurer Name<br><b>Melissa Devine</b>             |                           |                     |
| Street Address<br><b>1385 Hartford Avenue</b>                                                                                                                                                       |                    |                                                                                     | Street Address<br><b>10 Memorial Drive</b>          |                           |                     |
| City<br><b>Johnston</b>                                                                                                                                                                             | State<br><b>RI</b> | Zip<br><b>02919</b>                                                                 | City<br><b>Johnston</b>                             | State<br><b>RI</b>        | Zip<br><b>02919</b> |
| 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<br><b>Rocco Gesualdi</b>                                                                                                                                                              |                    |                                                                                     | Director Name<br><b>Robert Parker</b>               |                           |                     |
| Street Address<br><b>2000 Smith Street</b>                                                                                                                                                          |                    |                                                                                     | Street Address<br><b>1385 Hartford Avenue</b>       |                           |                     |
| City<br><b>North Providence</b>                                                                                                                                                                     | State<br><b>RI</b> | Zip<br><b>02911</b>                                                                 | City<br><b>Johnston</b>                             | State<br><b>RI</b>        | Zip<br><b>02919</b> |
| Director Name<br><b>Melissa Devine</b>                                                                                                                                                              |                    |                                                                                     | Director Name<br><b>Linda Celona</b>                |                           |                     |
| Street Address<br><b>10 Memorial Drive</b>                                                                                                                                                          |                    |                                                                                     | Street Address<br><b>2240 Mineral Spring Avenue</b> |                           |                     |
| City<br><b>Johnston</b>                                                                                                                                                                             | State<br><b>RI</b> | Zip<br><b>02919</b>                                                                 | City<br><b>North Providence</b>                     | State<br><b>RI</b>        | Zip<br><b>029</b>   |
| 9. REGISTERED AGENT IN RHODE ISLAND                                                                                                                                                                 |                    |                                                                                     |                                                     |                           |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78                                                        |                    |                                                                                     |                                                     |                           |                     |

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

416232

**FILED**

File Date **AUG 25 2009**  
Check No. **By 3007**  
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.

Signature of Officer

Date

**Robert Parker**

Print or Type Name of Officer

**Vice President/Secretary**

Title of Officer

Rhode Island Municipal Insurance Corporation  
Corp. ID #416232  
2009 Annual Report – Additional Information

Additional Directors:

|                                                                      |                                                          |
|----------------------------------------------------------------------|----------------------------------------------------------|
| Thomas M. Bruce, III<br>45 Broad Street<br>Cumberland RI 02864       | Alex Prignano<br>2602 Mendon Road<br>Cumberland RI 02864 |
| John F. Ward<br>100 Old River Road<br>PO Box 100<br>Lincoln RI 02865 | Lori Miller<br>1624 Lonsdale Avenue<br>Lincoln RI 02865  |
| Owen Bebeau<br>169 Main Street<br>PO Box B<br>Woonsocket RI 02895    | Robert Strom<br>869 Park Avenue<br>Cranston RI 02910     |

**FILED**  
AUG 25 2009  
By 416232