



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 2010**

**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>88111</b>		2. Name of Corporation <b>Workers Compensation Association of Rhode Island Employers</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Corporate address in Rhode Island - Street Address <b>PO Box 9185</b>		City <b>Providence</b>	Zip <b>02940-9185</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 <b>Monitor changes in the Workers Compensation Act and educate its members about these changes and related subjects.</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Margaret Wingate</b>			Vice President Name		
Street Address <b>25Dorrance Street</b>			Street Address		
City <b>Providence</b>	State <b>R.I.</b>	Zip <b>02903</b>	City	State	Zip
Secretary Name <b>Jennifer Conrad</b>			Treasurer Name <b>Ronald P. Joseph</b>		
Street Address <b>25 Dorrance Street</b>			Street Address <b>2095 Division Road</b>		
City <b>Providence</b>	State <b>R.I.</b>	Zip <b>02903</b>	City <b>Et. Greenwich</b>	State <b>R.I.</b>	Zip <b>02818</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>Steve Sweet</b>			Director Name <b>Laurie Dufour</b>		
Street Address <b>495 Frances Street</b>			Street Address <b>5 Coggeshall Circle</b>		
City <b>Cranston</b>	State <b>R.I.</b>	Zip <b>02910</b>	City <b>Middletown</b>	State <b>R.I.</b>	Zip <b>02842</b>
Director Name <b>Frank Parella</b>			Director Name		
Street Address <b>116 Sunrise Drive</b>			Street Address		
City <b>Bristol</b>	State <b>R.I.</b>	Zip <b>02809</b>	City	State	Zip
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

**88111  
FILED**

File Date	<b>JAN 07 2011</b>
Check No.	<b>1001 &amp; 1003</b>
By:	<b>BY</b>
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.

*Ronald P. Joseph* **12/8/10**  
Signature of Officer Date

**Ronald P. Joseph**  
Print or Type Name of Officer

**Treasurer**  
Title of Officer