



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

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2011

1. Corporate ID No. 000111265

2. Name of Corporation New England Assembly of Nurse Anesthetists, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 6 HIGHLAND STREET

City or Town: WEST WARWICK

State: RI Zip: 02893 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

THE PROMOTION OF NURSE ANESTHESIA, THE FACILITATION OF THE CONTINUING EDUCATION OF NURSE ANESTHESIA.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	NORMA SORELLE	109 KEENE ROAD ACUSHNET, MA 02743 USA
TREASURER	KRISTIE HOCH	69 MAIN ROAD S. HAMPDEN, ME 04444 USA
SECRETARY	CAROLINE BORGES	196 HOOD STREET FALL RIVER, MA 02720 USA
VICE PRESIDENT	SUSAN JOYCE	6 BROOK STREET PLYMPTON, MA 02720 USA
DIRECTOR	FLORENCE EGAN	13 UPTON LANE BOXFORD, MA 01921 USA
DIRECTOR	CHERYL BURNS-MULLETT	6 BRYANT RD. NASHUA, NH 03062 USA
DIRECTOR	JANICE CAREY	11 BANKSIDE DRIVE BILLERICA, MA 01821 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

ANNE E. TIERNEY, CRNA 4 DIANA DRIVE PAWTUCKET , RI 02861

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

Signed this 14 Day of June, 2011 at 8:51:43 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By NORMA SORELLE
Signature of Officer of the Corporation

☒ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or
☐ Treasurer or ☐ Receiver or ☐ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07