

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, Rt 02904-2615 401,222,3040

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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.

penalty jet 0, 425.00.					-		
1 Corporate II) No.	2 Name of Go	2 Name of Corporation					
27544	Board of R	Board of Rhode Island Schools of Allied Health - (BRISAH)					
3. State of Incorporation		4. Corporate address in Rhode Island - Street Address			Zip		
Rhode Island	593 Eddy	Street - POB 034		Providence	02903		
5 Foreign corporation. Enter principal office address			City	State	Zip		
6. Brief Description of the ch	tracter of the affairs whi	ich are actually conducted in R	bode tsland				
7. NAMES AND ADDR	ESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT)   FILL IN SI	PACES BEFORE USING ATTA	CHMENTS		
President Name			Vice President Name				
David Mello, MS, MT (ASCP)			Gregg Paquette, Ph. D., MLS				
Street Address			Street Address				
593 Eddy Street			Morrill Hall, University of Rhode Island				
Gitj	State	Zip	City	State	Zip		
Providence	RI	02903	Kingston	RI	02881		
Secretary Name Ken Kinsey, Ph.D.			Treasurer Name				
Street Address Rhode Island College, 600 Mt. Pleasant Ave.			Street Address				
Git)	State	Ζip	City	State	Zip		
8. NAMES AND ADDRE	I ESSES OF THE DIR	 RECTORS: ("x" roy rop	ATTACHMENT\ TEXT IN 61	 PACES BEFORE USING ATTA	CHARLES		
THE NUMBER OF DIR	RECTORS OF A DO	MESTIC (PHODE ISLA	ND) CORRODATION STATE	PACES BEFORE USING ATTA	CHMENTS		
Director Name			ND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23  Director Name				
Karen Ferreira, MS, MT (ASCP)							
Street Address			Louise Greeley, Ph. D., MT (ASCP)				
Rhode Island Hospital, 593 Eddy Street			Salve Regina University, 100 Ochre Point Ave.				
Cit <sub>1</sub>	State	Zip	City	State	****		
Providence	RI	02903	Newport	RI	<i>гір</i> 02840		
Director Name		102000	Director Name	<u> </u>	102040		
Diane Cataldo, MS, I	MT (ASCP)						
Street Address 200 High Service Ave			Street Address				
City	State	Zip	City	State	2		
North Providence 9. REGISTERED AGENT	RI	02904	300,	State	Zip		
			of State. Changes require filing	g of Form 641 - R.I.G.L. 7-6-13	3/7-6-78		
rius report	must be signed by	cimer me President, Vic-	e President, Secretary, Assisi	tant Secretary, Treasurer, Rec	eiver or Trustee		

File Date	FILED	
Check No.	JUN 1 6 2011	
B <b>BY</b>	801787	
F	OR SECRETARY OF STATE USE ONLY	

27544

Under penalty of perjury. I declare and affirm that report, including any accompanying schedules and statements contained herein any true and correct.	I have examined this statements, and that all
Hand Mille M. S. M.	T(ASP)
Signature of Officer	Date
David Mello, MS, MT (ASCP)	
Print or Type Name of Officer	
President	
Title of Officer	