



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 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.

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 PO 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 Association					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Phil Benvenuti			Vice President Name Gerard Ratigan		
Street Address PO Box 6671			Street Address PO Box 6671		
City Providence	State RI	Zip 02940	City Providence	State RI	Zip 02940
Secretary Name Lorraine Horton			Treasurer Name Lynn Imondi		
Street Address PO Box 6671			Street Address PO 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) ☒ 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 Jared Wilbur			Director Name Donna Foresti		
Street Address PO Box 6671			Street Address PO Box 6671		
City Providence	State RI	Zip 02940	City Providence	State RI	Zip 02940
Director Name Jenna Lemoine			Director Name Laura Da Fonseca		
Street Address PO Box 6671			Street Address PO 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			Address		
Address			City	Zip	

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



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File Date	FILED
Check No.	JUN 28 2011
By:	By a 147480
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
Julie A. Steffes
Print or Type Name of Officer
Director
Title of Officer
Date 6/24/11

Additional Director:

Julie Steffes

PO Box 6671

Providence RI 02940

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