



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. 000029653

2. Name of Corporation Brain Injury Association of Rhode Island, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 935 PARK AVENUE, SUITE 8

City or Town: CRANSTON

State: RI Zip: 02910-2743 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

TO EDUCATE THE GENERAL PUBLIC ABOUT BRAIN INJURY; TO MAKE AVAILABLE INFO AND RESOURCES; TO PROMOTE PROGRAMS THAT PREVENT BRAIN INJURY.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	MICHAEL L BAKER	743 OAK HILL ROAD NORTH KINGSTOWN, RI 02852 USA
TREASURER	LAURA TINGLEY	78 WOODS WAY N. KINGSTOWN, RI 02852 USA
SECRETARY	JEAN CASSIERE	2610 HARTFORD AVE JOHNSTON, RI 02919 USA
VICE PRESIDENT	COLLEEN MCCARTHY	41 QUINCY ST PROVIDENCE, RI 02908 USA
DIRECTOR	ROBERT G DEORSEY	14 SANDY WAY CUMBERLAND, RI 02864 USA
DIRECTOR	CATHY ANDREOZZI	383 OCEAN RD NARRAGANSETT, RI 02882 USA
DIRECTOR	SHAWN DONAHUE	14 ROME AVE N. PROVIDENCE, RI 02904 USA
DIRECTOR	JOAN GARDINER	34 WHITE OAK COURT S. KINGSTOWN, RI 02879 USA
DIRECTOR	SHELLEY GREEN	59 ABERDEEN AVE WARWICK, RI 02888 USA
DIRECTOR	SHEILA KANE RN	58 INDIAN TRAIL COVENTRY, RI 02816 USA
DIRECTOR	DIANNE KAYALA MS	604 GARDNER ROAD EXETER, RI 02822 USA
DIRECTOR	JAMES J MCNAMARA	455 RED CHIMNEY RD WARWICK, RI 02886 USA
DIRECTOR	STEPHEN T MERNOFF MD	279 PRESIDENT AVE PROVIDENCE, RI 02906 USA
DIRECTOR	TOM MEZZANOTTE	110 ANN MARY BROWN DR WARWICK, RI 02888 USA
DIRECTOR	PAULA OCONNOR	36 OVERLOOK DR. N KINGSTOWN, RI 02852 USA
DIRECTOR	FRANK R SPARADEO PHD	63 CEDAR AVE E. GREENWICH, RI 02818 USA
DIRECTOR	WENDY WALLER ESQ	3 BEAVERTAIL RD JAMESTOWN, RI 02835 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**

SHARON K. BRINKWORTH 935 PARK AVENUE, SUITE 8 CRANSTON , RI 02910-2743

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

Signed this 30 Day of July, 2011 at 8:14:42 AM. *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 COLLEEN MCCARTHY

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

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