



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:** 2012

**1. Corporate ID No.** 000031011

**2. Name of Corporation** Rhode Island Society for Respiratory Care

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: C/O RICK NICHOLS

164 SUMMIT AVENUE/RESPIRATORY CARE

City or Town: PROVIDENCE

State: RI Zip: 02906 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**

PROFESSIONAL ORGANIZATION FOR CONTINUING EDUCATION AND COMMUNITY AWARENESS

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	BILL OZGA	19 PIEDMONT STRET PROVIDENCE, RI 02909 USA
TREASURER	RICK NICHOLS	175 CENTRE STREET, #1524 QUINCY, MA 02169 USA
SECRETARY	DOROTHY LUNNIN	1560 DOUGLAS AVE A-6 NORTH PROVIDENCE, RI 02904 USA
VICE PRESIDENT	DAVID MCGRATH	63 BELVEDERE BLVD N. PROVIDENCE, RI 02911 USA
DIRECTOR	ANGELA GASPARRI	161 OCEAN AVENUE CRANSTON AVENUE, RI 02905 USA
DIRECTOR	JAYNE MATOIAN	1665 HARTFORD AVENUE, SUITE 24 JOHNSTON, RI 02919 USA
DIRECTOR	CRAIG TUCKER	191 WALKER STREET LINCOLN, RI 02865 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**

RICK NICHOLS RESPIRATORY CARE 164 SUMMIT AVENUE PROVIDENCE , RI 02906

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

**Signed this 20 Day of May, 2012 at 2:33:51 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 RICK NICHOLS  
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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