



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 103008		2. Exact name of the Corporation Association of Certified Fraud Examiners - Rhode Island Chapter Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island We offer quarterly educational seminars focused on fraud detection, prevention and related topics. We also promote fraud education through our annual scholarship			
5. Principal office address PO box 6671		City Providence		State RI	Zip 02940
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Phil Benvenuti		Vice-President Name Gerard Ratigan			
Street Address 10 Chestnut St		Street Address 311 Danielson Pike			
City Worcester	State RI	Zip 01608	City N. Scituate	State RI	Zip 02857
Secretary Name Patricia Testa		Treasurer Name Lynn Imondi			
Street Address 77 Kings Crossing		Street Address 86 Weybosset St			
City Exeter	State RI	Zip 02882	City Providence	State RI	Zip 02903
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Julie Steffes		Director Name Laura Da Fonseca			
Street Address 10 Pilgrim Drive		Street Address 38 Glenwood Drive			
City Cranston	State RI	Zip 02905	City Swansea	State RI	Zip 02777
Director Name Jenna Remmilard		Director Name Donna Foresti			
Street Address 100 Lambert Ave		Street Address PO box 6671			
City Woonsocket	State RI	Zip 02895	City Providence	State RI	Zip 02940
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY _____

FILED

JUN 25 2012

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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.

Lynn M Imondi

6/22/12

Signature of Officer

Date

Lynn M Imondi

Print or Type Name of Officer

Treasurer

Title of Officer